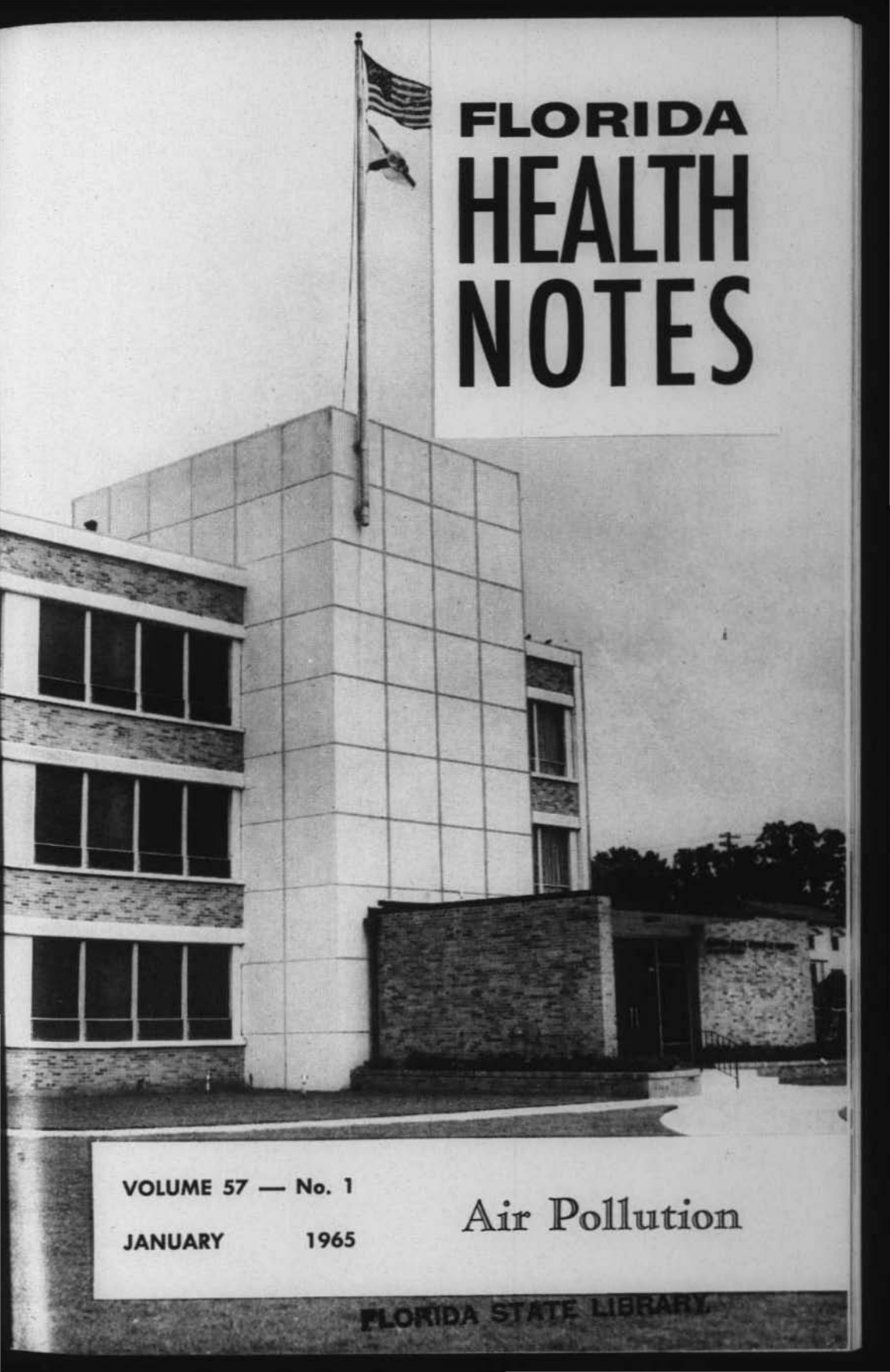


FLORIDA HEALTH NOTES

VOLUME 57 — No. 1

JANUARY 1965

Air Pollution

FLORIDA STATE LIBRARY

Tampa Renews Its Battle Against Dust

Area Air Pollution Study S

Industry, City, Co
Back Survey fo
Early 1964

Plant Fights Pollution But Protests Valid, County Told

Nitram Chemicals Inc. is co-operating fully in correcting air pollution problems at its Tampa plant, county health department examen told county commissioners yesterday.

has fully cooperated in doing so. Meanwhile, Dr. John Neill, county health more thorough the plant's conducted by

bery, the necessity to close windows of their homes and also said a respiratory difficulties in their

Action Demande On Air Pollutio Problems of Are

Air Pollution May Be Basis For Complaint

Northwest Seffner resid've been plagued w... term unpl...

missioners Urges Action On Air Pollution Compl

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that the county go-cart track on 16th Street continue operation. A de... of neighboring resi... recently appeared before ... to complain ...

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Angry Neighbors Hit Plant Fumes

multi-million

pathetic." "We're tired ... rushed," Massina added ... ther

State Board May Act O Seddon Island Dust Cont

By PAUL WILDER
Trib... Staff Writer
The Fl... Air Pollution Con...
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Aroused Crowd At Hearing

COUNTY BOARD MEETS

Air Pollution, Noi Complaints Voic

Complaints about air pollution and go-c... Commissioners bu...

The scene is a city in Florida. There is a meeting of a Citizens' Committee on Air Pollution in progress. Listen:

"Fumes from that plant are killing my trees and shrubs."

"My children are always having colds — it's from all that smoke."

"We have to keep our windows closed all of the time and still the dust, odor and irritating fumes creep in."

"It's ruined the finish on my car and insurance doesn't cover that."

"Rental property is ruined — nobody will rent the homes in our area. No one will buy them either so we can move out."

AIR POLLUTION

"Smoke discolors our swimming pool and the paint on our houses."

"We're prisoners in our own houses — depends on which way the wind blows."

"My cattle fail to fatten for the market — some of them die."

"At one time my citrus groves were producing a nice crop of fruit but now the trees shed their leaves the year around. They lose their blossoms and the result? Smaller crops."

"I hang my laundry out. In a short time it's black with soot."

"We get lots of sympathy but no one seems to do anything about it."

ACTION WANTED NOW!

Air pollution is a controversial subject and many residents of urban—and rural—areas around the state are complaining about

stances, nauseous odors, noxious gases, smoke or particulates emitted into the air where created on private property or public places or in any place or manner whatsoever."

The state recognizes that steps can be taken by industrial plants to reduce air pollution with various devices, such as enlarged combustion chambers, "scrubbing towers" or electrostatic precipitators. But it also recognizes that all pollutants cannot be removed from the air.

THE FACTS

There has never been such a thing as "pure air." In nature, dust storms, forest fires, pollen from flowers pollute the air — just to name a few pollutants. Even the smallest breeze can whip up a bit of dust that makes you sneeze.

It has been written "Man cannot live by bread alone." He also needs air. He can live for some time without water and even several days without food but man needs air all of the time. Even the amount of air and air pressure can affect him. At a high altitude, such as in the mountains, the air is so thin that breathing is difficult.

A normal person can live on four and a half pounds of water a day; he needs two pounds of food daily; but he needs 30 **pounds of**

Downtown Jacksonville is blanketed with an early morning smog.



it. They frequently want action —NOW! They want "that plant" to stop putting out whatever it is that is irritating their noses, defoliating their trees and shrubs, ruining the paint on their houses and (so they say) endangering their health.

Let's stop and say here that this issue of **Health Notes** will not give all the answers. We can only present what is happening, what is being done and what the 67 County Health Departments and the State Board of Health would like to do to **prevent** air pollution. The problem of pollutants in the air can only be solved by research, advanced technical knowledge by industry, positive action on the part of the citizens of Florida and cooperation of the public, industrial and governmental agencies.

A NOT-SO-SIMPLE PROBLEM

A simple equation can explain how air pollution begins: **people** plus **progress** equals **air pollution.** To stop air pollution is not so simple.

Air pollution control consists of more than simply ordering a manufacturing plant to "stop" polluting the air. Many persons may be put out of work if the plant is shut down; control of an effluent or by-product from a manufacturing process may take years of research and millions of dollars to develop; and perhaps what people think is the source of the pollution is not the fault of one plant but of several. Frequently the lack of air movement or wind direction may be a factor in air pollution — and who can control the wind? To put an industry out of business is unthinkable — unless the situation becomes intolerable or a public health hazard.

WHAT IS AIR POLLUTION?

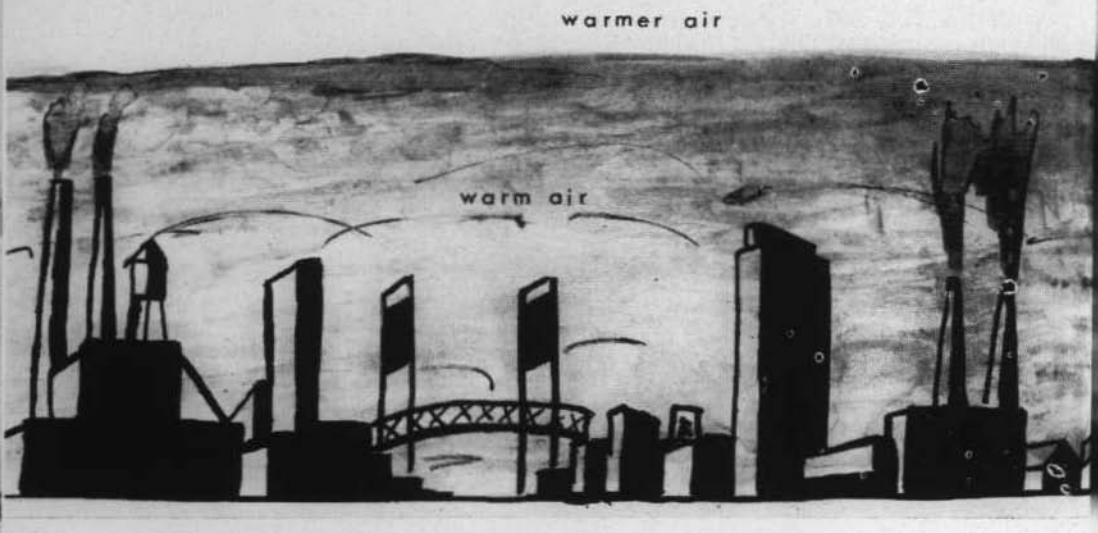
Air pollution, as defined by Chapter 9 of the Florida Sanitary Code, is "the presence in the outdoor atmosphere of sub-

FLORIDA HEALTH NOTES

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air. A person can be selective about his food and water. He can drink or eat anything he desires — even if it is not good for him. But breathing in air is a natural bodily function and he cannot keep out the air that surrounds him, even if he wanted to.

Modern air conditioners can help but even these are not 100 per cent effective. They are used mainly for comfort and for temperature and humidity control; but even if these two factors are controlled, there could be a build-up of carbon dioxide and other noxious fumes. Constant fresh air, as pure as possible, is needed.



Smoke and fumes cause an early morning smog over a city. A warmer blanket of air, located several hundred feet above the ground, puts a lid on warm air rising with pollutants. These settle back to the ground in what is called an "inversion."

HOW DOES AIR POLLUTION OCCUR?

Since World War Two, governmental agencies, industries and individuals have taken a long look at air pollution. Although there is some pollution in nature and in areas where there are no heavy industries, air pollution has been constantly on the in-

crease. In a growing metropolis there are many factors that lead to increased air pollution.

With more people moving into a city, there are **more buildings to heat.** Florida's large tourist trade requires service industries, such as hotels, motels and laundries. These industries and homes require fuel for heating, cooking or operating boilers to produce steam and hot water. In many cases the fuel used is residual fuel oil and if the heating facilities are not operated efficiently, a black smoke full of gas-borne particles is discharged from the chimney.

As a city grows, additional **automobiles create a pollution problem.** Los Angeles is a classic example. Studies have shown that the operation of automobiles and even the pumping of fuel into cars are of major importance to certain aspects of air pollution in that city. There are mountains on three sides and if weather conditions are just right, polluted air settles over the Los Angeles area and combines with the sunshine to create a "photochemical smog" which is considered dangerous to humans, animals and vegetation. The excessive consumption of gasoline, combined with adverse weather conditions have been blamed for this smog.

Florida's three largest cities, Miami, Jacksonville and Tampa, have gasoline consumption exceeding the amount necessary to cause photochemical smog. But, unlike Los Angeles, Florida has no mountains; favorable trade winds and rare occurrences of daytime "inversions" restrict the appearance of smog to a few times a year. (An "inversion" occurs when a warmer blanket of air keeps warm air from rising and carrying off the pollutants into the upper atmosphere.)

More people in Florida means **more production as well as new products.** These require new industrial plants. Food processing is a large manufacturing industry in the state; citrus juices and concentrates, canned vegetables and seafoods are major products. Timber is one of Florida's oldest and largest industries. Many of the 200-odd sawmills are located in isolated areas but towns sometimes spring up around a mill. If these mills burn scrap wood and sawdust in the open or to heat their boilers, complaints of pollution sometimes occur.

Another cause of air pollution in urban areas is the **burning of junk automobiles** before they are compressed and baled. The burning of upholstery and other combustible parts of automobiles creates a dense black smoke.

Much of this burning is done in the open and so there is no attempt to eliminate smoke and soot emissions.

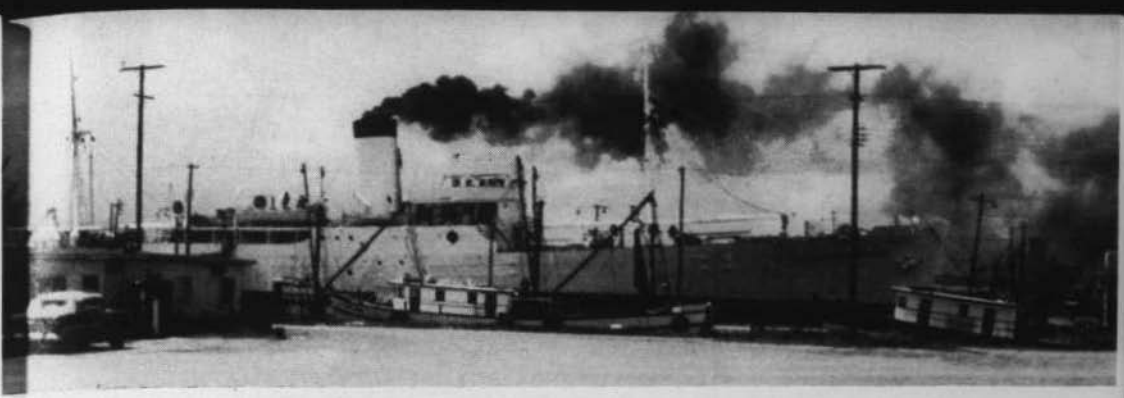
Pulp mills may give off pollutants if the pollution control machinery is temporarily out of commission or not working properly. In the immediate vicinity of these mills, objections have been raised to dust arising from recovery furnaces, lime kilns and bark burners. Lead base paints may be blackened by hydrogen sulfide; particles of saltcake, fly ash, soot and other materials may be suspended in the air contributing to low visibility, sky darkening and interference with transportation services. Odors from pulp and paper mills can be carried for many miles.

More people in a city means more **waste disposal** is necessary. Urban areas often have a problem disposing of their solid waste material and burning open dumps have caused serious air pollution problems. A few of the municipalities in the state have incinerators but these are frequently overloaded and not equipped to catch fly ash which settles down on residences in the area. Many schools, supermarkets, hospitals and department stores — especially in smaller towns—rely on inefficient means of waste disposal. Burning trash in a wire basket, 55-gallon drum or single chamber incinerator often creates a fire hazard as well as a pollution problem.

A growing city also means more electric power is needed. Steam-electric generating plants in Florida are frequently fired with a combination of residual oil and coal. The oil usually used has a high sulfur content and

Pollution from Atomic Fallout

There is very little danger from nuclear fallout at the present time, according to the Division of Radiological and Occupational Health of the State Board of Health. This is because of the nuclear test ban being observed by the United States, Russia, Great Britain and other nations. However, Florida air sampling stations went on a seven-day alert following the atomic explosion set off by Red China in October 1964. The radioactive contamination went up somewhat but there is little danger — unless more nations resume nuclear testing. An air sampling station is located on the roof of the State Board of Health's laboratory building in Jacksonville. This is part of the nationwide radiological network. Serviced by laboratory personnel, the station samples the air for radiological activity. Each afternoon a field scan is made of the sample for the past 24 hours and a report is given to the news media.



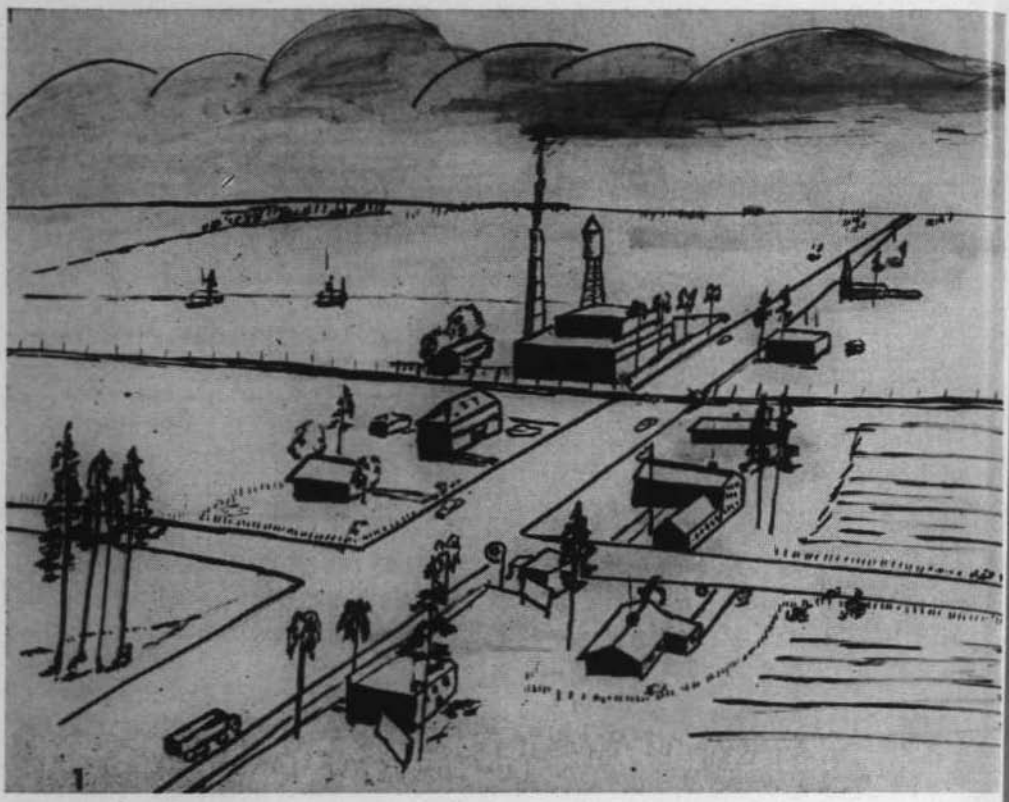
Smoke billows from the stack of a ship in Tampa harbor. Sometimes residents of waterfront homes complain of pollutants from harbor activities.

this gives off a sulfur dioxide which has caused complaints of odor in areas surrounding generating plants. An answer to this pollution problem is the use of natural gas in generating plants. This is not feasible at the present time because of the lack of facilities to bring natural gas into Florida. The federal government has not approved the expansion of present pipelines or the building of additional ones.

HELPFUL BREEZES

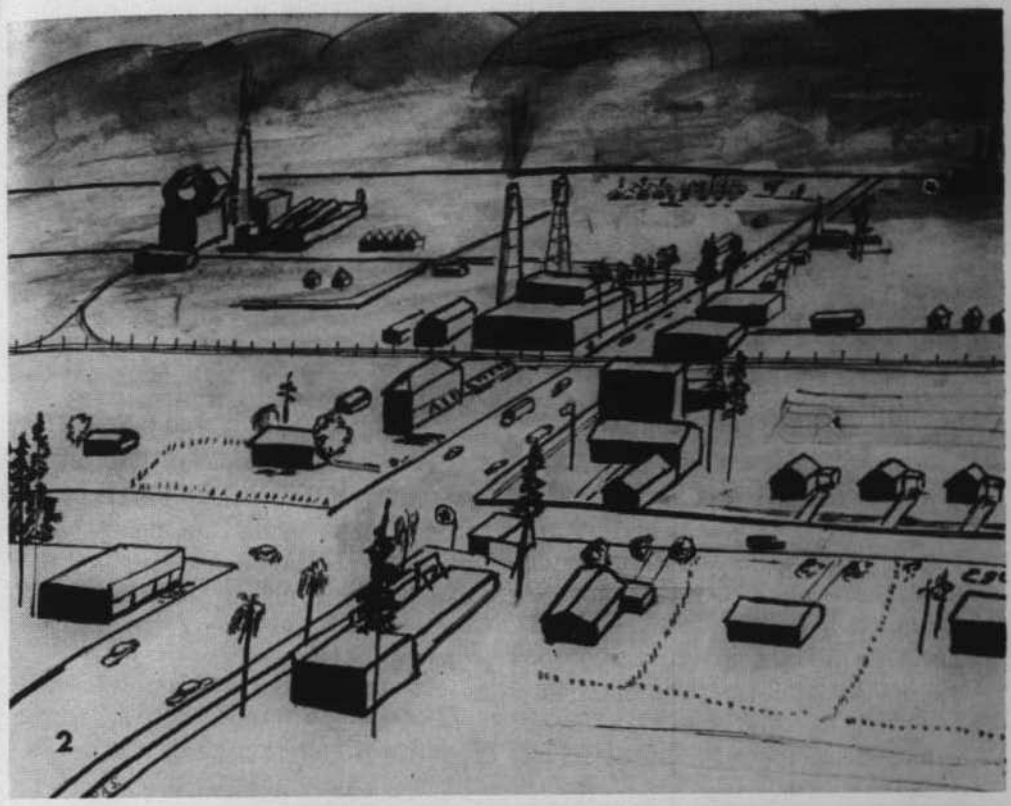
Florida does not have such conditions as the mountains of California or the narrow industrial valleys of the North where air pollution is a well-known problem. Unlike the North, the state has a warm climate in winter and there is lacking the considerable pollution from fuel consumed by the long operation of heating systems. Climate is Florida's greatest asset in many ways. Winds which cross the state usually move at a rate of speed which eliminates much of the pollution. But when a high pressure system settles down over an area for several days, the stable air may act as a "lid" which does not allow the upward dispersion of pollutants. A warmer blanket of air, located at varying distances above the ground, does not allow the warm air at ground level to rise with the pollutants. These settle back to the ground under a smog. Certain populated areas of the northeastern section of the state (such as Jacksonville) have been noted for these "inversions" which occur in the early daylight hours.

Wind direction may bring a rash of complaints in a specific area. A capricious breeze may carry pollution several miles and then deposit it on crops, cattle and residences; yet, people living close to the offending plant may not have any complaints. Again



PEOPLE + PROGRESS = AIR POLLUTION

A town with one manufacturing plant (1) normally has very little air pollution. As Metropolis grows (2), there are more homes, automobiles, office buildings, hotels, laundries, etc., putting out fumes and pollutants. (3) Metropolis expanded for many reasons: because it is centrally located and close to transportation, raw materials and labor. As it grows pollution becomes more of a problem. When unusual weather conditions occur, pollutants may become a menace to people, animals and plant life.


2


3

the wind may change direction and residents of another area may complain about pollution from the same plant. Since the wind cannot be controlled, the answer is to eliminate as much of the pollution as possible before it leaves the plant's stacks.

POLLUTION AND HEALTH

One of the reasons why the State Board of Health and the County Health Departments are interested in controlling air pollution is to safeguard the health of Florida's citizens. Although the effects of air pollution on health are generally difficult to measure, there are several known episodes where acute illnesses and death have been attributed to this condition. Fortunately none of these have occurred in Florida.

In 1948, there were 20 deaths and hundreds of illnesses when a smog blanketed Donora, Pennsylvania, for several days. A London fog caused some 4000 deaths in 1952. Sixty-three persons died and several thousand more were ill when a fog of sulfur dioxide and hydrofluoric acid (plus other substances) covered the industrial Meuse Valley, Belgium, in 1930. All of these deaths were among persons suffering from respiratory, cardiac or circulatory disorders. Frequently they were in the older age group.

There is no doubt that death or sudden, severe illness can result from heavy concentration of pollutants which can occur under unusual weather conditions. Pollution can aggravate or intensify

Clouds of smoke billow into the air from a burning garbage dump.



the illness of people already suffering from chronic diseases and it is claimed by some authorities that pollution increases the amount of lung cancer and chronic bronchitis, particularly in elderly people. Similar accusations have been made in respect to cancer of the stomach and esophagus, heart disease and several respiratory ailments. In addition, air pollution can act upon exposed mucous membranes, causing eye, throat and nasal irritations. Such irritations, combined with the general nuisance effects of air pollution, can produce a significant amount of emotional harm to the people of areas suffering from this condition.

FLORIDA'S AIR POLLUTION PROBLEMS

About 70 per cent of Florida's citizens live in urban areas which have potential air pollution problems. In addition, millions of tourists come each year to enjoy the warm climate. Counties which depend on tourism for their major source of income are skeptical of any industry which might lower their desirability as resort areas. Some civic groups even discourage industry settling in areas which are primarily devoted to tourism.

There are no laws or statutes (except in the Polk-Hillsborough Air Pollution Control District) which require a company moving into the state to abide by regulations on its use of air and water or to control its potential pollutants. A civic group may persuade a company to build a factory in its community without checking to see if there will be any potential pollution released by the manufacturing process. If such a factory is putting out enough pollutants that the Florida State Board of Health receives complaints, its Bureau of Sanitary Engineering will investigate. If the complaints are justified, the company may have to spend a great deal of money on research and technical advances to eliminate pollution of the atmosphere. These expensive alterations could possibly have been avoided if the company had consulted the State Board of Health **prior** to the construction of the factory.

AREAS OF COMPLAINTS

The area of the state which is most noted for its pollution problem is Polk County and eastern Hillsborough County. Approximately 75 per cent of the nation's supply of phosphate rock is

mined in a 500 square mile area in these two counties. Mining began in 1888 on a small scale and at the present time exceeds 10 million long tons a year. This industry developed along with cattle and citrus in the same area. This happened because of the lack of zoning regulations in the county.

The phosphate rock contains fluoride, a part of which is removed as the mineral is made more soluble and used for plant food (fertilizer). In removing the fluoride from the rock, gases are emitted into the atmosphere and absorbed by vegetation, such as grass, citrus and gladioli. When cattle eat contaminated forage, the fluoride can cause the gums and teeth of the cattle to become spongy, the teeth to fall out or wear away. There is an overgrowth of bones. Milk production and the reproductive process of cattle are affected.

It is claimed that the effects of the fluoride absorption by citrus trees varies from minor reduction of crops to complete defoliating of trees and dropping of fruit. Approximately 25 per cent of the state's citrus crop is grown in Polk County and so this has an effect on the economic life of the area. Large areas of Hillsborough County are devoted to gladioli culture. These flowers are one of the plants most sensitive to fluorides and during adverse weather conditions whole fields are said to have been "burned" in a short period of time.

Industrial parks and port areas which have been developed next to high-tax waterfront residential areas have been the center of complaints when air pollution is not controlled. Dust from phosphate loading plants, soot from ships blowing out their boilers and "fallout" from a generating plant have been the objects of complaints from people who have paid high prices for land along a bay or river.

WHAT IS BEING DONE IN FLORIDA

Complaints from commercial growers of tomatoes and gladioli in Hillsborough County and of suspected damage to citrus groves and cattle ranches in Polk County from chemical operations sparked an investigation in 1956 by a legislative interim committee. As a result of these hearings the Legislature passed a bill, Chapter 403, during the 1957 session, creating the Florida Air Pollution Control Commission. This Commission was placed

within the State Board of Health and was granted powers to promulgate, amend and repeal rules and regulations as it might deem necessary in the abatement of air pollution in Air Pollution Districts which might be created under the statute. The administration of these rules and regulations rests with the State Board of Health.

The Board has not had adequate budgets for control of air pollution in Polk and Hillsborough Counties. These proceeded slowly after the formation of the District. Fortunately the cooperation of industry was obtained to the end that more than $12 million was spent by the phosphate industry alone in installing modern air pollution control equipment. Credit is due to the State Board of Health and its technical staff for work done in ascertaining the limits of air pollution contamination in this District and in securing the cooperation of industry.

The Citrus Advisory Committee of the Commission secured the cooperation of citrus growers and the phosphate industry in setting up a program to determine the extent to which citrus is affected by air borne fluorides and sulfur dioxide. This program, conducted by the Florida Experimental Station at Lake Alfred, is in its second year of operation.

The present Florida Air Pollution Control Commission is composed of 10 members, namely: the State Health Officer, the Commissioner of Agriculture and the Director of the Florida Industrial Commission (or their representatives); a professional engineer, two representatives from industry, two representatives of the general public, one citrus grower and one cattle rancher. They presently are: Dr. E. R. Hendrickson, chairman; Willard D. Miller, co-chairman; Dr. James O. Bond, A. P. McIntosh, Dr. S. F. Westbrook, Dr. E. T. Casler, M. W. Chesson, Dr. Raymond E. Parks, L. H. Wear and Paul S. Huff.

Although much has been done during the last nine years in bringing purer air to Polk and Hillsborough Counties, conditions are far from perfect. Complaints are still being registered by cattlemen, and citrus, vegetable and commercial flower growers. Apparently certain areas, bordering the industrial complexes of chemical plants, cannot expect to obtain pollution-free air and still allow the chemical plants to operate to the economic benefit of the community. The answer appears to be adequate zoning rules, a further effort by the chemical companies to improve conditions through the installation of the latest air pollution control equipment, and

some fair method of compensation arrived at by the industry and the agriculturists affected where it is apparent that damage has occurred.

The State Board of Health has the power to investigate complaints of air pollution and, if the complaints are justified, to require the offending company to eliminate the pollution. If the situation is not corrected within a specified time, the Board can bring the company before the Air Pollution Commission for a hearing. If the Commission agrees with the State Board of Health and the situation is still not corrected, the Board can seek an injunction in the courts to stop the company's plants from putting out pollutants.

If the company has not applied preventive or corrective measures within a certain length of time after the injunction is sought, a hearing may be set by the judge. The offending company can be found guilty of a misdemeanor and given a small fine. A short jail sentence can be imposed on an officer of the company.

At the present time, the State Board of Health's staff of investigators can only investigate complaints of air pollution. They are not sufficiently staffed to make surveys and establish preventive programs. Some of the County Health Departments have sanitary engineers or sanitarians who can and do help. But frequently these men are loaded down with other duties and/or they do not have the technical knowledge to handle a survey of air pollution or carry through an investigation. The State Board of Health is usually called into a case to make surveys in such a situation and to confirm that the complaints are legitimate. They often can persuade the company to take steps to correct the air pollution its plant is putting out.

A few of the major cities have undertaken air pollution control but these programs are aimed at abatement of dense smoke emissions or nuisances causing air pollution. **None have a system of review of plans for new installations or industries** which might produce pollutants. Jacksonville, for one, is seeking means to finance a study of causes of air pollution in its area and means of correcting those causes. The study is expected to be financed jointly by the City of Jacksonville, Duval County and representatives of industry. A number of small cities have control ordinances of one kind or another but only a few have undertaken control activities.

WHAT IS NEEDED

The State Board of Health has developed a plan for four **"fire fighting" teams** to combat air pollution. Three teams of six to eight persons each would be located in northeastern, northwestern and southeastern sections of the state to cover the entire state. These teams would make surveys of industrial areas hopefully before complaints are received, investigate complaints and try to prevent air pollution before it begins. The fourth team would give technical assistance over all the state and be available for advice and to act as additional personnel for a County Health Department which needs assistance.

Zoning is a key factor in control of air pollution. Area planning and zoning is still in its infancy and while most of the incorporated towns and cities have some type of zoning law, only a few counties have zoning in unincorporated areas. At the present time, a special act of the Legislature is needed before a county can undertake such zoning.

Areas which are zoned for industry **and** residences should have a buffer zone of light industry and commercial places between them. If zoning were based on noise, smoke, particulate and gaseous pollution emission, heat, vibration, etc., by various types of industries, counties could better control their air pollution. This type of zoning, known as "performance standard" is under study in Florida.

When an injunction is served on a company in extreme cases, the employees and the firm itself can suffer economic loss because the plant could be ordered to shut down until control methods were installed and operating satisfactorily. If large fines and/or long term imprisonment for failing to comply with orders for correction or prevention of pollution were provided for in the air pollution control law, the provisions would make continued air pollution uneconomical for any offending company. However, technical advances to control emissions of pollution should be applied for the purpose of good public relations rather than from fear of lawsuits which might result in shutdowns.

WHAT CAN THE AVERAGE CITIZEN DO?

In the 10 years between 1950 and 1960, Florida jumped from the 20th to the 10th most populated state in the country. And we are continuing to grow. Air pollution is not only a problem for industry and government, it is also a problem for the individual. There are several things **you**, the reader, can do.

You can become informed about the particular air pollution problem in your community. Before you start to complain about smarting eyes and irritating odors, locate the sources of the air pollution (if you can) so you can report them accurately. Nothing is as confusing to an investigating engineer as for residents of an area not to be able to agree on which source or direction a pollutant is coming from.

Let your legislators know that you are behind a program for the prevention of pollution. Air pollution control is important, both for health and economic reasons, but it takes money.

Refrain from burning trash on your home lot. If you live in an urban area where there is trash pick-up, use it. If you live in a rural area, be careful of what you burn. Many household items you buy are prepackaged and this leaves a large amount of solid material (cartons and plastic) to dispose of.

Have your home heating plant cleaned and adjusted every year or as needed. A large amount of black smoke escapes into the air during the winter months and this can be eliminated to some degree by a properly functioning heating system.

Keep your automobile in good running condition. Nearly everyone has driven up behind a car or bus and been nearly smothered by escaping fumes from its exhaust system. A motor adjustment or repair may avoid excess burning of oil and/or gasoline.



PEOPLE+PROGRESS=AIR POLLUTION

PEOPLE+GOVERNMENT+INDUSTRY=PREVENTION AND CONTROL OF AIR POLLUTION

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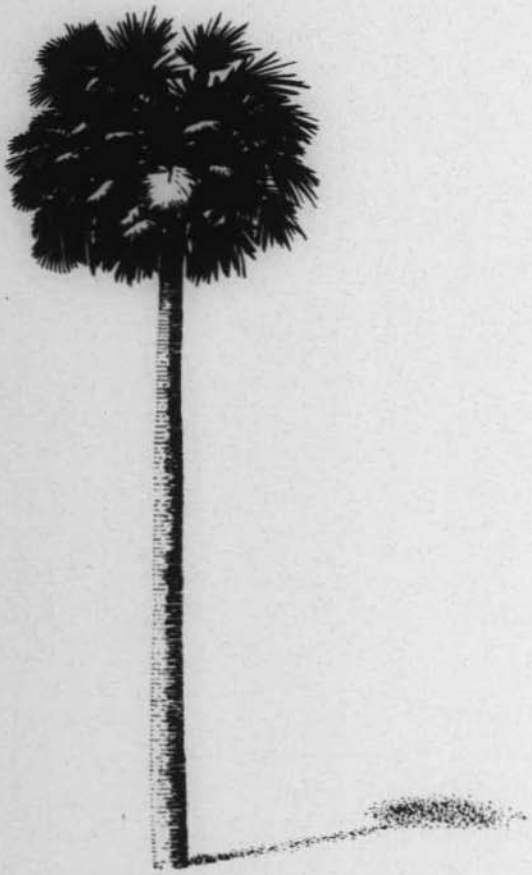
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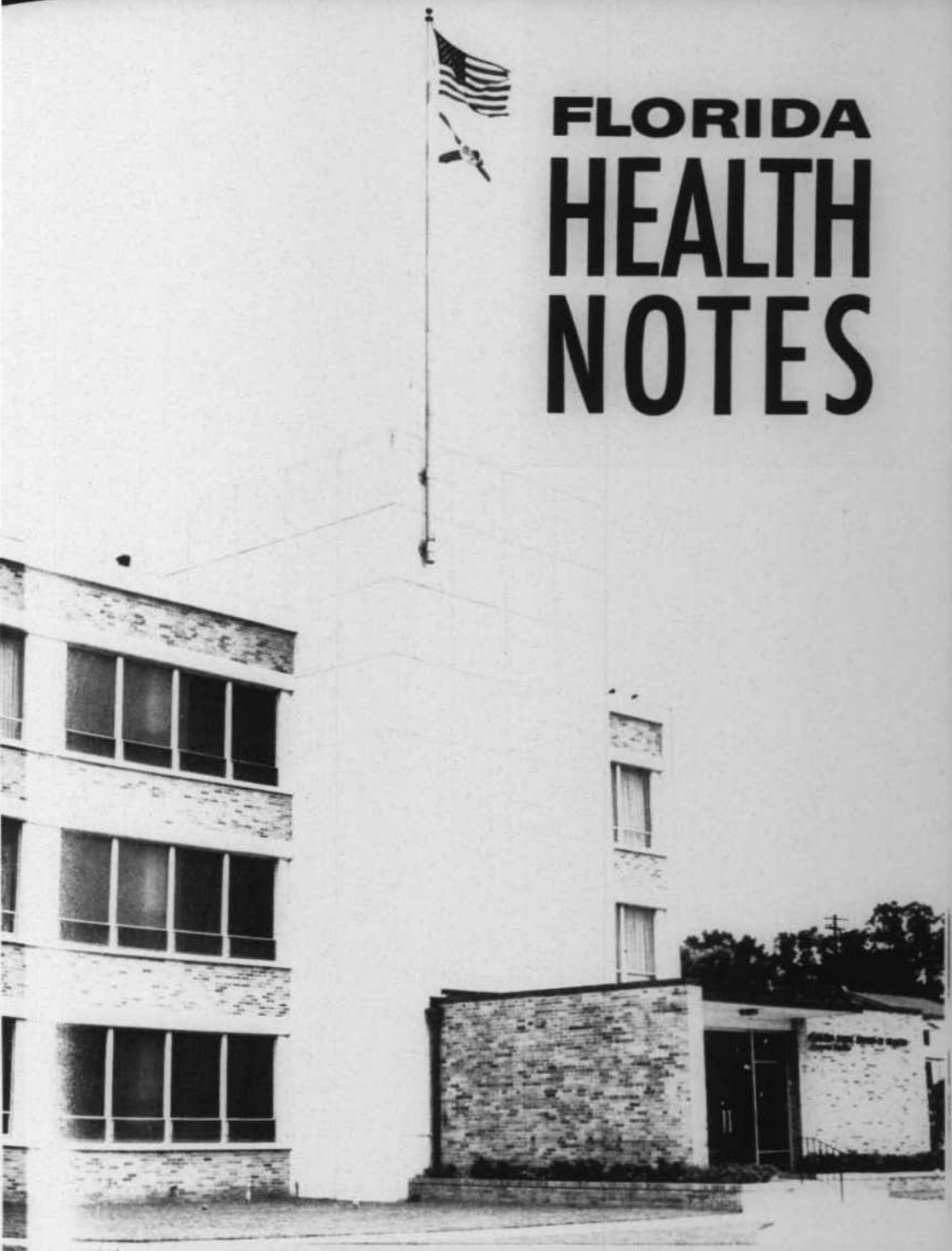
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FLORIDA HEALTH NOTES



VOLUME 57 — No. 2

FEBRUARY 1965

Mental Illness

Prevention is Best

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We hope this will never happen but if our statewide statistics hold true for the children in this typical Florida classroom, three will become mentally ill at sometime during their lifetime, one will become an alcoholic and at least seven will be divorced. One may already be mentally retarded.

MENTAL ILLNESS

Prevention is Best

You are relaxed in your chair watching a television program. It ends. Following a commercial which you idly watch, there appears a picture of a woman, her head buried in her hands. The announcer's voice says, "In every community there are people who have mental health problems . . . " Your daughter, age 15, saunters into the room and hears the last of the announcement. She asks, "What's a mental health problem?" You click off the TV set. "Oh, crazy people," you reply, "We don't have anything like that in this neighborhood." You are a bit smug and confident. You take good care of your family; you wouldn't live where any of the neighbors were "crazy."

But wait a moment! Mental health problems cover a lot more than people who are mentally ill and must be confined to a hospital. What about the 19-year-old girl who lives only three blocks away who tried to commit suicide Christmas Eve? Or your cousin's mother, age 88, who was found wandering the streets far from home at 11 p.m.? Or the ten-year-old boy, son of friends, who broke into a school and vandalized it? Or the couple across the street who have just applied for a divorce? And what about the drunken driver whose car killed a man last night?

All of the above individuals—and a hundred different examples could be cited—have mental health problems.

WHOSE CONCERN?

The State Board of Health and Florida's 67 County Health Departments are concerned about these problems. **Prevention** always costs less in lives and money. This is the theme of all public health work. The State Board of Health and the County Health Departments are required by law to render hundreds of services and all of them underscore basic **prevention.** For example: seeing that mothers and babies stay well, preventing air and water pollution, locating the patient with early diabetes, cancer or glaucoma

so they can be treated before too much damage is done, and checking restaurants so that food poisoning will not occur—and so on.

Does it bother you that one-half of all our hospital beds are occupied by mentally ill persons? And that the four State Hospitals (Chattahoochee, Arcadia, South Florida and Macclenny) had a resident population of 9822 in 1964? Some of the people in these hospitals need not have been admitted if they had better understood themselves and their condition and if there had been enough local facilities and staff to care for them while they were still in the early stages of their illness.

Last year 4731 patients were admitted to Florida's state psychiatric hospitals. If the symptoms of emotional upset are detected early, serious mental illness can be prevented. And to this end, over three times as many patients (15,000) were seen in the various public mental health clinics alone in 1963. Many of these were "saved" from going to psychiatric hospitals.

An Example

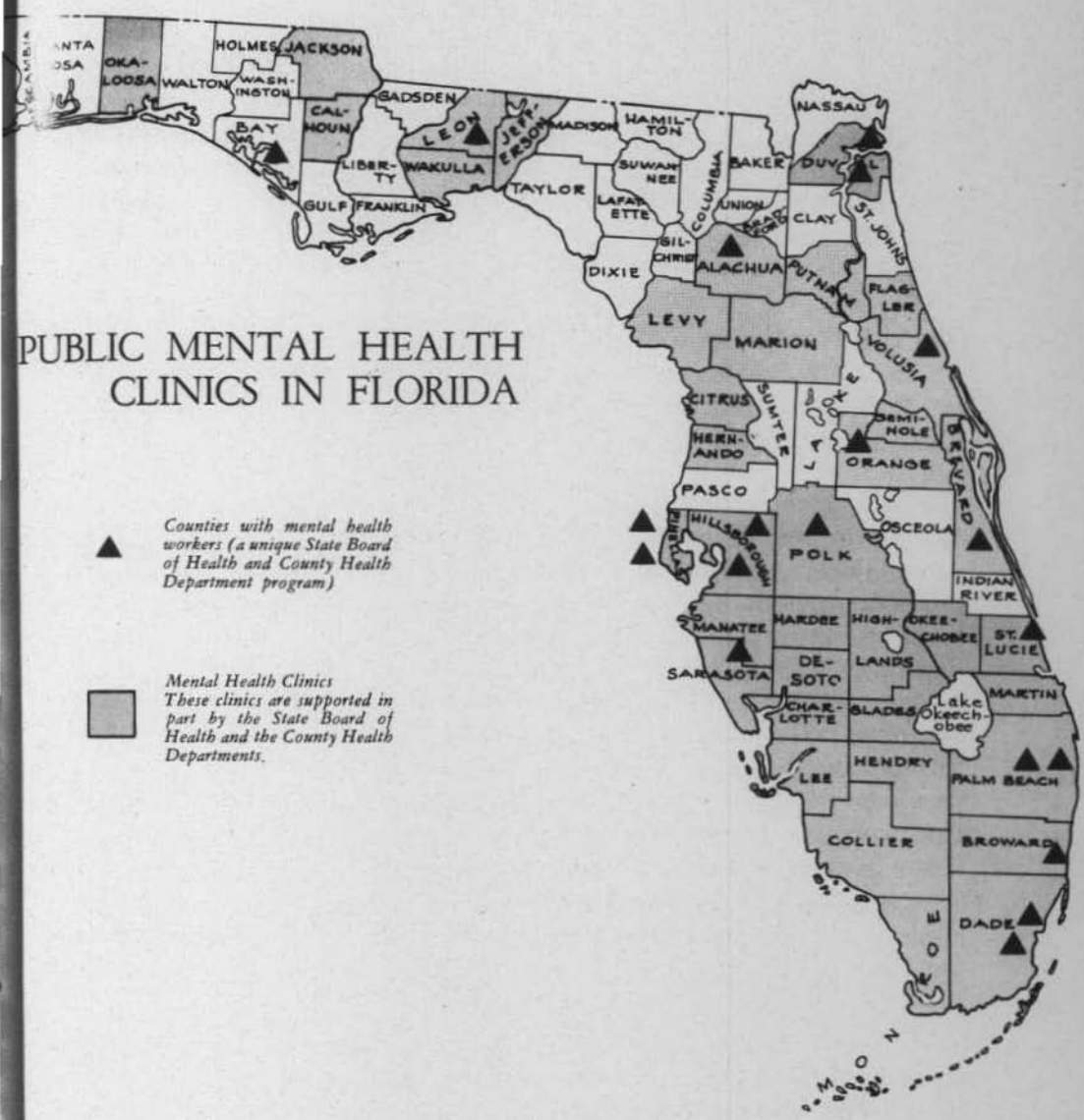
Emily (not her real name) was an attractive only child whose father's work kept him away from home for most of each week and whose mother had devoted much of her time and attention to Emily —and Emily alone.

She started to school and was accompanied by her mother the first few days. As weeks passed, Emily remained quiet and didn't enter into group activities in school. She began to complain of feeling ill in the mornings and remained at home on a number of occasions. Her doctor found nothing wrong with her and suggested that her mother insist upon her attending school. She finally began crying and clinging to her mother each morning. Finally, she would remain in school only if her mother stayed with her.

The teacher talked to the public health nurse, Miss Rooks, from the County Health Department. She said she felt that Emily's

FLORIDA HEALTH NOTES

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mother had never let her play much with other children and that Emily was going to have a real problem later unless something was done to help both of them.

Miss Rooks visited Emily's home and she found the mother defensive and lonely. She missed having Emily at home. She felt

that her only daughter was more sensitive than other children and was too young to be exposed to the world. Miss Rooks urged Emily's mother to take her back to their doctor.

After they had visited their doctor, he phoned Miss Rooks to confer with her about the problem. They found themselves in agreement with the teacher's evaluation of the reasons for Emily's behavior. The teacher, the public health nurse and the doctor all agreed that referral to the mental health clinic would help Emily and her mother with their problems. Emily's parents accepted this plan and an appointment was made.

Emily's problem was not difficult to diagnose but to help her effectively was a different matter. Emily had not had to deal with everyday problems in the past and was not prepared to handle the demands of her new school experience. Simply explaining this to Emily and her parents did no good. She had to develop some confidence in her ability to cope with school and those new adults and children whom she encountered—and she had to handle the problem without her mother's help. Her parents were encouraged to have Emily take greater responsibility for herself. Little everyday tasks were part of this responsibility. Going to the store alone, attending a movie with friends, selecting a dress to wear, planning her own activities and staying overnight with a girl friend were recommended for building self-confidence. Emily's activities had previously been limited primarily to her own family. In essence, the people at the mental health clinic encouraged her parents to allow her more freedom.

Meanwhile, Emily continued to go to school. The mental health clinic helped Emily's teacher understand her problem and she was able to help the child feel at ease in the classroom and to engage in more activities with the other children.

After a few months Emily was at ease at school as well as at home; and her parents, teacher, public health nurse and the mental health clinic people realized that a more serious problem had been avoided.

* * * * *

Suppose that a local mental health clinic had not been available; that the public health nurse had not stopped by to visit; that the family physician had not been interested; that Emily had retired more and more into her shell? The chances for an emotionally healthy Emily to grow into a mature adult would have been much less.

It is impossible to separate the mind from the body. Therefore the State Board of Health to which is delegated the responsibility of the health of Florida's citizens must be concerned about mental health as well as physical health—always with an accent on prevention.

The interaction of the body and the mind has been recognized since time began. There are persons with physical symptoms for which no organic cause can be found, and there are those who become mentally ill because of physical factors.

The answer is not to continue to build more institutions to house the mentally sick; a more humane approach is to prevent mental illness, to treat the beginning symptoms rather than the advanced disease. The savings in lives and dollars could be tremendous. The State Board of Health is therefore dedicated to the concept of prevention of illness in the whole man.

Wilton T. Sowder, M.D.
State Health Officer

CLINICS

Let's go back to the mental health clinic that Emily and her mother visited. To talk about it we must start with hospitals which in the beginning were the only outward symbol that Floridians were interested in mental health. For many years the State Hospital at Chattahoochee alone served the state. Private physicians and the clergy ministered to those with whom they came in contact, but they had few local resources to assist them. Then a new philosophy began to emerge. People began to ask the question: Are bigger and better hospitals—and more of them—the answer? Couldn't something be done to **prevent** people from becoming seriously mentally ill?

One of the first answers to this question came in 1943 with the establishment of Florida's first Child Guidance Clinic in Pinellas County. Then in 1947 Governor Millard Caldwell named the State Board of Health as Florida's **Mental Health Authority.** Soon six clinics were functioning and in the spring of 1953 the Legislature made its first appropriation of money to the State Board of Health for an expanded mental health program. That year saw nine clinics in operation. Today there are 21. Their location can be seen on the accompanying map. These 21 clinics are in counties which have approximately 80 per cent of our total population. Many have be-

The term "State Hospital" as used in this issue of Florida Health Notes refers to those four in Florida that are for the mentally ill.

come multipurpose "mental health clinics" signifying that adults as well as children are treated there.

How did these clinics begin? The State Board of Health, as Florida's Mental Health Authority, decided in 1947 that clinics for children would be its first priority in the mental health program. These clinics were designed and organized through the efforts of the State Board of Health, combined with groups of local citizens who were concerned about their community.

Frequently money was raised locally with contributions being received from many sources. The State Board of Health continued to assist by helping to find personnel, setting up minimum standards and establishing uniform reporting of clinic statistics. Today, the State Board of Health contributes about 43 per cent of the cost of maintaining these clinics. The rest comes from United Funds, County Commissioners and gifts. At the end of 1964, 36 mental health clinics were cooperating in compilation of clinic statistics. Fifteen of these are either private or university clinics, or operated under other agencies. The staff of the State Board of Health's Bureau of Mental Health consults with the personnel of the clinics. In 1963 they diagnosed and/or treated over 7000 patients with mental and emotional disorders. Of this number 4840 were under 18 years of age and over 2000 were over 18. Of all those seen, **73 per cent were discharged as improved.**

In the clinics and in County Health Departments which offer this kind of service can be found 37 psychiatrists (most of whom serve on a part-time basis), 51 psychologists, 51 psychiatric social workers, 23 mental health workers plus 701 public health nurses and 28 health officers who are medical doctors, assist in many different ways. It is heartening to know that 891 community health workers are directly concerned with helping those Florida citizens who have mental health problems.

PUBLIC HEALTH NURSES

Public health nurses visited 7463 patients with mental disorders in 1963. Of these 4055 were hospital patients at home on a "trial visit." Children accounted for 1361 of those persons visited. The 2047 other adults were persons having problems similar to those mentioned in the opening paragraph.

You will note that the largest number of persons seen by public health nurses were former State Hospital patients. The objective is to help the patient readjust to his family, neighbors and employer. These public health nurses from Florida's 67 County Health Departments have had long years of experience and special training in handling people with problems. Since 1956 patients returning from State Hospitals have been referred to the Health Department of their county. Often the nurse had known the patient and family before he went to the hospital and had visited the home and knew some of the adjustment problems he would meet. Therefore, she could try to pave the way for his return.

EMERGENCY MENTAL HEALTH SERVICE
— Pinellas County Health Department —

Twenty-four hours a day, seven days a week, there are people who need help! This is how Pinellas County has met its problem in a unique way.

Specially trained physicians and nurse specialists are on call at all hours of the day or night. They give on-the-spot assistance to the **emotionally disturbed** and their families. It has often been necessary to control agitated people who have attacked others, and depressed persons who have attempted, or threatened to attempt, suicide.

In 12 months 1215 emergency calls were received. Most calls came from families, physicians, police and neighbors. The results have been spectacular:

1. Quick medical attention and relief of mental anguish for disturbed people and their families.
2. Virtual elimination of the need to detain mentally ill patients in the county jail.
3. Commitments of new patients to the State Hospitals were reduced significantly.

This outstanding project was conceived and carried out by the people of Pinellas County under the leadership of the director of the Pinellas County Health Department.

In order for the public health nurses to keep up with the latest developments in psychiatric nursing, "inservice education" on this subject is an ongoing affair all over the state. In 1955 three-day visits were begun at the Florida State Hospital in Chattahoochee. Today these continue in all four State Hospitals. Public health nurses, health officers, mental health workers and others have a chance to see the methods of treatment, to talk with attending physicians, nurses and social service staff thus facilitating ease of communication and understanding of patients' problems.

LOCAL HOSPITAL SERVICES

Emotionally disturbed individuals may never see the inside of a State Hospital. They are more often cared for by private psychiatrists, in community mental health clinics, or treated in the local general hospital. This is highly desirable since the patient is kept at home and can be seen frequently by friends and family. An example is St. Vincent's Hospital in Jacksonville which has been operating an "open" psychiatric ward successfully for over five years. Twenty-one beds are maintained. Patients stay only for an average of 14 days. Some few patients, of course, will have to be transferred to a psychiatric hospital. However, where the community hospital has a full range of treatment services, the majority of patients soon recover sufficiently to return to their homes and jobs. The State Board of Health is urging general hospitals to establish such mental health facilities in every community.

MENTAL HEALTH WORKERS

One of the country's unique programs, originated and developed by the Florida State Board of Health, which has attracted nationwide attention is **the Mental Health Worker** program.

In the early 1950's, consultants from the State Board of Health's Bureau of Mental Health, when visiting County Health Departments, would frequently hear, "We need somebody like you here all the time!" After much thought and study it was decided that since mental health was the number one problem in the United States and in Florida, a specialist might be employed in rural County Health Departments who would be known as a mental health worker. The first Health Department to use the services of such a person was Charlotte-DeSoto-Hardee, a tri-county unit.

The experiment was successful and the Legislature in 1955 recognized this by providing funds for five additional workers. At present there are 33 persons serving 38 counties. These professional workers are recruited from nursing, social work, education and related fields.

The mental health worker is a member of the staff of the County Health Department to which he is assigned. His main objective is to help in every way he can with the community's mental health problems. He may give direct service, provide consultation, teach and help coordinate local mental health activities. Some ex-

amples are: visiting a patient who has returned from a State Hospital; helping a family with an emotionally disturbed child; referring people to other helping agencies; conducting a workshop for elementary school teachers; consulting with a public health nurse on a problem dealing with a psychotic mother; and making a talk before a civic club.

WHO ARE "MENTAL HEALTH PROFESSIONALS?"

Individuals who are emotionally disturbed should have skilled attention and helpful counseling available to them in their community.

Those best able to provide skilled attention, treatment and care to mentally disturbed persons are sometimes called "mental health professionals." They are:

Psychiatrists: A medical doctor who is a specialist in diagnosing and treating mental illness.

Psychiatric Nurse: A registered nurse who is professionally trained to care for mentally ill patients.

Psychiatric Social Worker: A trained social worker who is a specialist in working with the patient and his family regarding the social factors involved in mental disorders.

Clinical Psychologist: A psychologist who is especially trained to evaluate the psychological problems involved in the patient's mental illness and who counsels the patient in order to help him with these problems.

Mental Health Worker: A professionally trained person with a background in nursing, teaching, social work, psychology or the behavioral sciences who works in a County Health Department to coordinate and supervise the mental health services offered by the department.

The role of the **Health-Religion Coordinator** is discussed on page 34.

Representatives of all of the above professions can be found in the State Board of Health's Bureau of Mental Health. They provide consultation, assist in the coordination of services, help recruit personnel, encourage education about mental health problems and are actively engaged in planning for the future with an emphasis on **prevention.**

DRUG THERAPY

Many patients returning home from State (psychiatric) Hospitals are "on drugs." Usually these special medicines have shortened hospital treatment. They are expensive and patients often cannot afford to buy them. Since 1958 drugs, by medical prescription, have been distributed through the County Health Departments for medically indigent patients home on trial visits from State Hospitals. Patients from most of the 67 counties have used

EVERY COMMUNITY IN FLORIDA
TO HELP YOU WITH MEN

FLORIDA STATE BOARD OF HEALTH

County
Departme



MENTAL HEALTH CLINIC





Family Service Agency

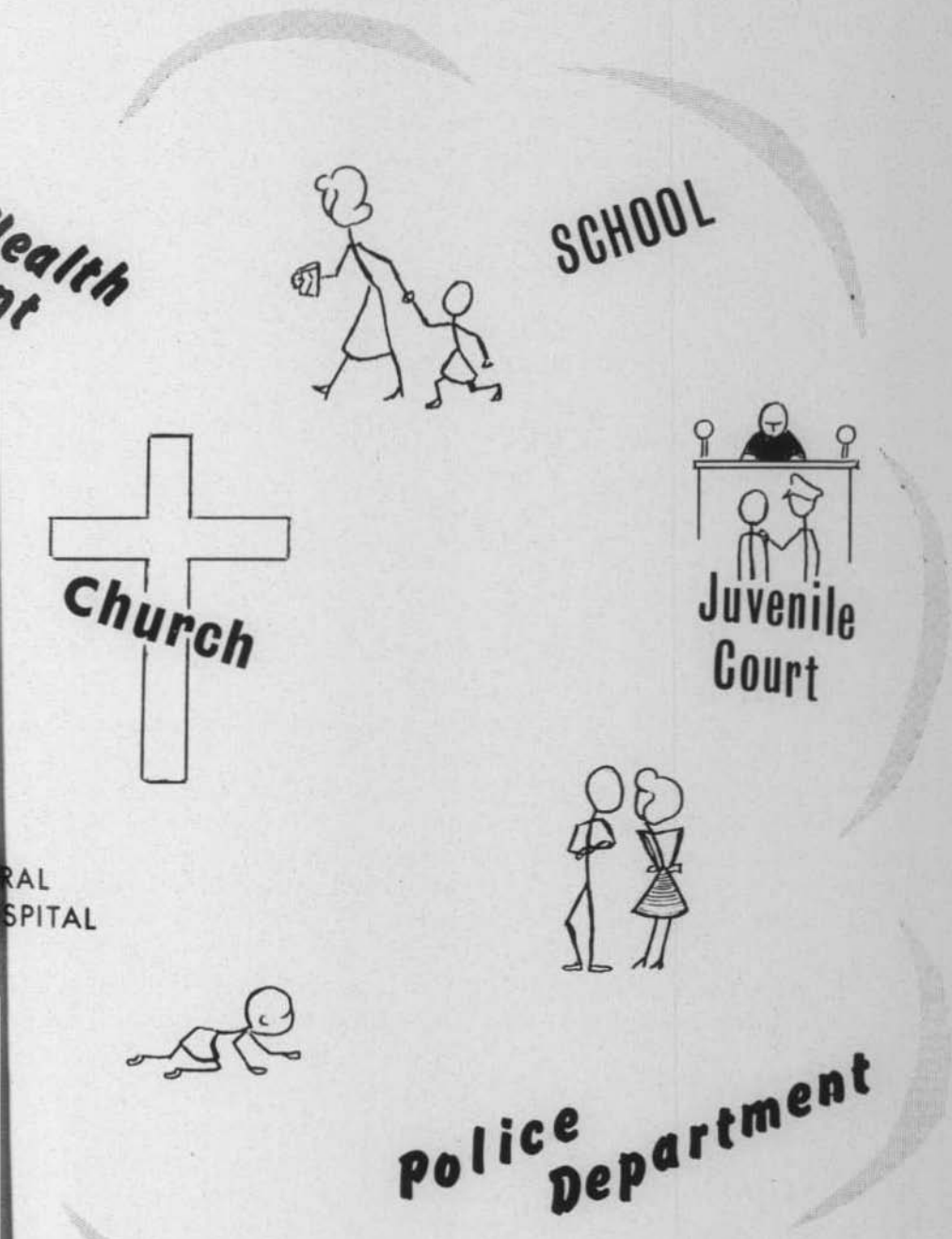
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U.S. PUBLIC HEALTH SERVICE



State Hospital

HAS SOME OF THESE RESOURCES
TAL HEALTH PROBLEMS



this service. In 1964, over $65,000 was spent in this manner by the State Board of Health.

Funds are also needed to buy drugs for needy patients using local psychiatric services. Providing these medicines can prevent serious mental illness and hospitalization. They substantially reduce the mental anguish which is part of emotional disturbance. In this way, separation of the patient and his family can be avoided as well as other side effects brought about by sending a patient out of his community for treatment at a distant mental hospital.

A NEW PROJECT

Many people with problems of an emotional nature turn to their ministers for help. In Palm Beach County last year, a new training program for ministers was begun by the State Board of Health to enable pastors to improve their skills in helping people. The program was successful, so similar programs are being instituted throughout the state.

Classes were conducted by a minister employed by the State Board of Health who had special training in pastoral counseling. The ministers were taught the latest techniques in pastoral counseling with both individuals and groups. The practical application of religion to everyday activities in life, such as health, community living and family relations, was stressed.

To bring about this understanding of the place of religion and health in the solution of family problems, education programs were conducted for church groups and parent-teacher organizations.

Through the Palm Beach County Health Department this minister consulted with pastors whose parishioners came to them with problems. The opportunity was provided for ministers to come to the health department to familiarize themselves with the services available.

The Health-Religion Coordinator for the State Board of Health is now available to lay and professional county organizations.

WHAT IS MENTAL ILLNESS?

What is the meaning of the terms mental illness, nervous breakdown, emotional upset, behavior problem? There is no precise differentiation for many of these but they all have one thing in common. They refer to the outward evidence of an individual's

internal feelings. The trouble is each of us may have a different idea of what this outward evidence really means. "Mental health professionals" are the ones best qualified to decide what it means, and they don't decide until they find out something about the individual. They have to know how long the patient has been acting like this. They have to decide just how "different" the patient's behavior is from that of the average person. They need to know how capable the patient has been in the past, what experiences have influenced him, what is the stress that has now caused him to behave like he does, and whether or not he is getting any help from other people. All these facts will be part of the total picture that the mental health professional will want to know about this individual before he decides how serious the patient's problem is.

There are many steps along the path between mental health and mental illness. All of us will be at different places on this path at different times of our lives. Where we will be will depend on the things listed above that the mental health professional must consider about his patient. We will still be the same persons but mental health is like physical health and will change at different times of our lives.

MENTAL HEALTH EDUCATION

As Florida's population approximates 5,700,000, the thought of serving those who need help with all kinds of emotional problems staggers the imagination. It will never be possible to give individual attention to all these people. The problem must be attacked through **preventive education,** on many different levels, utilizing people and mass media. The diagram on the next page illustrates the magnitude of the problem.

WHO NEEDS HELP?

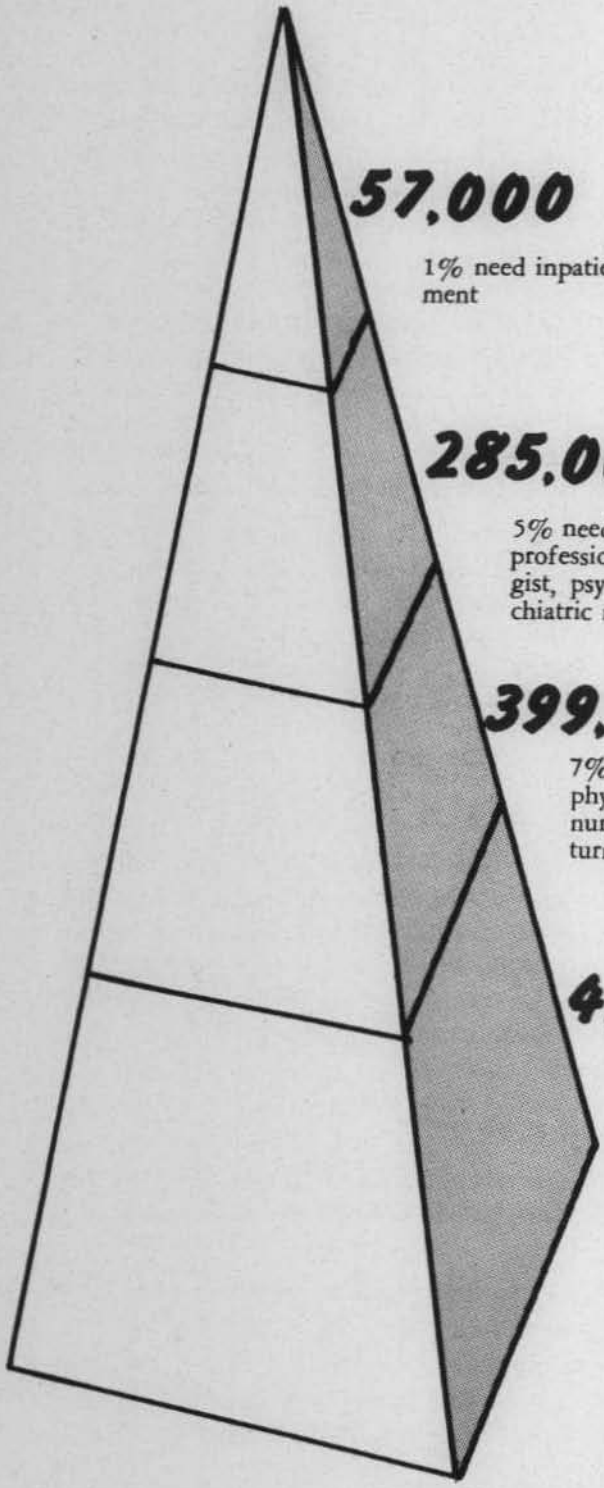
Over 700,000 Florida citizens suffer from some kind of an emotional problem. Witness the questions below often asked of public health personnel:

Parents want to know how to solve their children's problems such as thumb-sucking, bed-wetting, tantrums, fears and eating difficulties.

Children want to know how to live with mom and dad, to understand them, to understand why other kids do better in school

TEXT MAY BE LOST DUE TO TIGHT BINDING.

WHAT DO FLORIDA'S CITIZENS NEED?



57,000

1% need inpatient psychiatric treatment

285,000

5% need services of a mental health professional (psychiatrist, psychologist, psychiatric social worker, psychiatric nurse)

399,000

7% need help from their family physician, minister, public health nurse or other person to whom they turn for help and guidance.

4,959,000

87% need to know more about ho to prevent mental illness: wh are its signs and symptoms; a what resources are available to he people.

(Based upon Florida's population of approximately 5,700,000)

than they do, why their parents fight, why they are afraid.

Adolescents want to know why they have moods, are so awkward, feel inferior, have so much concern for the future, why they are different, why parents "don't understand."

Husbands and wives want to know why they feel neglected what to do about in-laws, how to get along with each other, how to cope with their feelings of jealousy, hostility, selfishness, resentment and anxiety.

Grandparents want to know why "no one loves them," why they are bothered so much by little things. They want to understand health matters, their financial security, retirement.

When they are helped to find the answers to some of these questions—and others like them—many of our mental health problems are solved. If answers are not sought and found, then serious trouble can arise for some of these people.

Those who help may be like:

* Rev. Paul Corinth has just counseled a hysterical church member who is sure that her husband is slowly poisoning her.

Ministers have 62 per cent of the population affiliated with their churches. They see 60 per cent of those who seek professional advice about personal problems. Florida needs a clinical pastoral training program for ministers.

The State Board of Health, in 1963, employed a trained minister to assist in development of such a program for ministers desiring further education in how to meet the mental health problems of their congregations.

* Dr. Sam Greer saw a young man in his office yesterday for the first time. He was listless, inattentive, and stared into space. A thorough examination did not reveal any physical illness. The patient complained of vague pains "all over."

Physicians quite frequently say that between 70 and 90 per cent of their patients' complaints are complicated by emotional problems. Few physicians have had enough psychiatric training to treat many of the personality problems presented to them. Because of the many new drugs, such as tranquilizers, doctors find it difficult to keep up-to-date on the use of these drugs. Seminars and workshops should be provided for physicians to assist them in the treatment of the emotionally disturbed patient.

* Miss Angie Paxon, public health nurse, visits in his home a man

whose wife and two young children were killed in the same wreck that broke both his legs. Though his legs are slowly mending, he wants to talk about the accident every day and frequently cries.

Nurses need expanded inservice training programs so they can better understand the feelings of a sick patient. They need to learn how they can assist patients to understand the emotional factors involved in their physical illness and come to grips with it. Such understanding often hastens recovery.

* Mr. John Eden, juvenile court counselor, must investigate a 15-year-old boy who has started several fires after breaking and entering local downtown stores.

Court personnel could profit from a training program which could help them to understand better the intricacies of family and environmental relationships. Ideally such court personnel should be recruited from the ranks of mental health professionals.

* Mrs. Sara Meershum, fifth grade teacher, has a student who is sullen, silent and afraid. She can't seem to reach him at all. The other children are beginning to shut him out of their groups.

Teachers need additional specialized training. They could do a more effective job if they had preparation in how to handle the emotional and behavior problems of their students. They recognize needs of children and want to know how to help them. This was proven through a study done in Seminole County some years ago when it was found that teachers, after special training, could satisfactorily help resolve over 80 per cent of all problems encountered in the classroom.

★ ★ ★ ★

What is the answer to these demands for more training? Education and training of the above "helping people" should be designed to impart knowledge and develop skill with respect to mental health. Experience indicates that on-the-job education and training are needed by persons such as those listed if mental health problems are to be prevented and controlled.

PLANNING - LOCAL

Is there another answer to the overwhelming mental health problem? Yes, planning for a comprehensive community mental health program.

Here is how one county began:

The county health officer and the county mental health worker

got together with representatives from the county mental health association to discuss what mental health resources were needed in the community. Realizing they needed additional professional help, they invited to a subsequent meeting consultants from the State Board of Health's Bureau of Mental Health. At this meeting it was decided that although the members of the group knew a great deal about the mental health problems of the area; a local committee (composed of a psychiatrist, physicians, ministers, judges, attorneys, county commissioners, law enforcement officers, businessmen, school, welfare and health department personnel, and representatives from local organizations) was formed to study the mental health needs of the people of the county. They studied mental health: (1) problems, (2) resources and (3) particular county needs. The group chose the name "Mental Health Planning Council." The president of the local junior college was selected as chairman and Task Forces were formed to study various mental health problems. County data were collected regarding admissions and readmissions to hospitals for the treatment of mental disorders, suicide, crime, alcoholism, divorce, juvenile delinquency, dependency, school mental health problems, mental retardation and emotional disorders treated by physicians in private practice. While some of these are not mental illnesses in the traditional sense, they do provide an indication of the extent of problems of mental and emotional health in any county.

After the information was collected, a report was written with the help of consultants from the State Board of Health. This report was presented at a public meeting by the chairman of the county commission. Full press coverage was obtained at the time of presentation.

Acting upon the recommendations in this report, the Council has been instrumental in incorporating plans for a ward for psychiatric patients and an outpatient mental health clinic into the plans for the new general hospital. The Council hopes this is only the first step. There are at least a dozen other recommendations they want to consider.

PLANNING - STATEWIDE

Following President Kennedy's impassioned plea for more community services to the mentally ill and the mentally retarded, Congress passed a law in 1962 providing authority for and funds

to support "community mental health planning." After an assessment of mental health services in Florida a formal application for funds to begin planning was submitted by the State Health Officer to the U. S. Public Health Service.

In launching this plan, the State Health Officer met with the Mental Health Interagency Committee during January 1963, to discuss the application, the proposed planning program and the funds needed. This committee judged that the funds, while substantial, were insufficient for "comprehensive planning." The committee recommended concentration on critical areas such as: (1) services and facilities for emotionally disturbed children, (2) follow-up services and facilities and (3) additional inpatient facilities.

> 744 persons took their own lives last year in Florida. Could adequate mental health facilities have **saved** some of them?

By the fall of 1963, a citizen's Mental Health Advisory Planning Council composed of 120 members representing all state organizations having an active concern with mental health was established. This Council convened for its first meeting in October 1963, and elected a Steering Committee made up of 12 members to conduct the studies and develop a comprehensive statewide plan for mental health. This Council will meet again in March 1965, to review the completed "Plan."

Twelve Task Forces were established to study research, organization and administration, finance, training and manpower, juvenile delinquency, mental retardation, adult corrections, education and prevention, alcoholism and drug abuse, emotionally disturbed and mentally ill adults, emotionally disturbed and mentally ill children and community facilities and planning.

The plan adopted by the Mental Health Advisory Planning Council will be reviewed by the Interagency Committee on Mental Health before final submission to the State Board of Health.

TEAMWORK

Any comprehensive mental health program will require coordination and teamwork. **Florida's Interagency Committee on Mental Health** is an example of the cooperation of Florida's agencies

and organizations. It is composed of the following:

The State Health Officer
Head, Department of Psychiatry, University of Florida
Director, Division of Mental Health (State Hospitals)
Director, Division of Sunland Training Centers
Director, Division of Child Training Schools
Director, Alcoholic Rehabilitation Program
Director, Division of Corrections

Its main objective is to keep each other informed, prevent duplication and increase the quality and quantity of services for Florida's citizens who are present or potential victims of mental illness.

HOW MANY ARE THERE IN YOUR JAIL TODAY?

Mrs. Jan Morgan was a young mother who became mentally ill and very disturbed after the birth of her first child. She was examined and committed to the nearest State Hospital. But the hospital was overcrowded at this time, and she was temporarily placed in the local jail. Her "holding facility" was a round sheet-metal cage about eight feet in diameter. All her personal belongings were taken from her, including her clothes. In order to cleanse her, she was hosed from an opening in the top of the cage which also served for handing down her food.

On May 20, 1964, there were 187 mentally ill persons in 44 counties awaiting admission to Florida State Mental Hospitals. **Too few counties have adequate medical facilities for hospitalizing mentally ill patients who are under the jurisdiction of the court.** Most of them are put in the local jail, or jail-like structures, in isolation or in association with criminals to wait until such time as room in the State Hospital becomes available. Sometimes they wait for many weeks.

Suppose Mrs. Morgan were a relative or friend of yours?

WHERE DO WE GO FROM HERE?

You and hundreds of other Florida citizens have become concerned with mental health problems. Leaders in the Federal and State Government are vitally interested too. Under their leadership and with the guidance of the State Board of Health as the State Mental Health Authority a statewide planning program is in progress.

The planning program has already identified some gaps in our mental health services. For many years we have known of an acute

need for **inpatient treatment services for children.** We need more **outpatient clinics for people with emotional problems,** including those who are alcoholic. We need a program of treatment for individuals who abuse the use of **drugs** and for the **narcotic addicts.** We need **beds** for **psychiatric patients** in all our **local general hospitals.**

And because of the need for more services, we must **train more mental health professionals.** We must greatly **expand research** efforts to determine the causes of mental health problems and the best **methods** of **prevention, treatment** and **rehabilitation.**

Our task in preventing and controlling mental illness has only begun. The population of Florida is growing rapidly and the number of people needing help is also increasing. It will continue to be the duty of the State Board of Health to use new knowledge to reduce and to eliminate the suffering caused by mental illness. This goal, the elimination of disease, has been successful in the field of contagious diseases. With the support of Florida's citizens there is every hope that some day mental illness will also be controlled.

"Inpatient" means an individual being treated within some kind of an institution. "Outpatient" means an individual receiving treatment, but who lives at home.

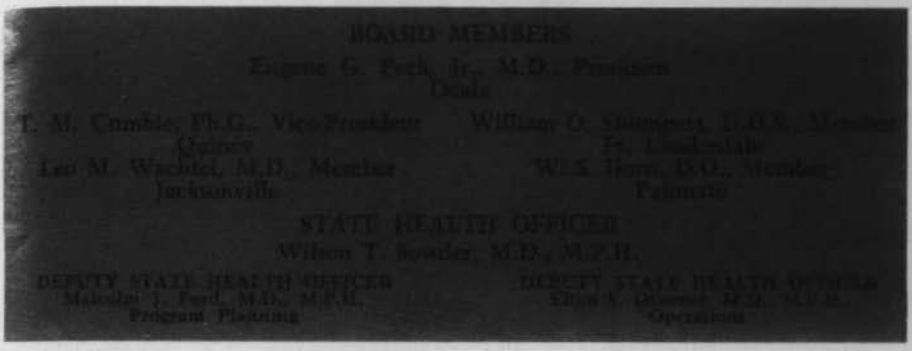
THE FLORIDA COUNCIL ON MENTAL HEALTH TRAINING AND RESEARCH

This Council was established to advise and consult with the State Board of Health. To provide additional professional manpower the State Board of Health, on the advice of this Council, has awarded 250 scholarships since 1955 for advanced training in psychology, psychiatric nursing, psychiatry and psychiatric social work. Research applications are received by the State Board of Health and the Advisory Council. Grants have been made for 28 research projects.



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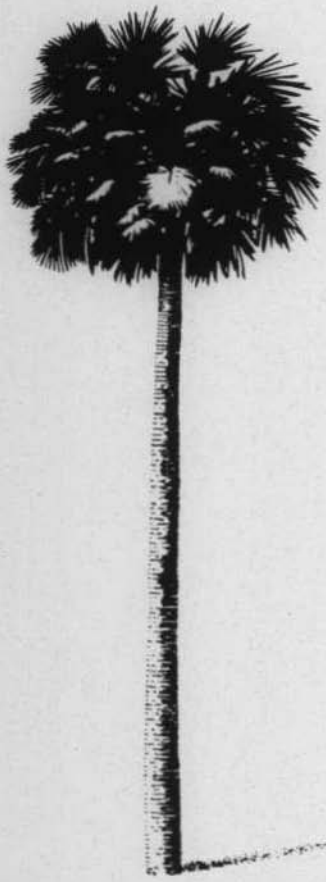
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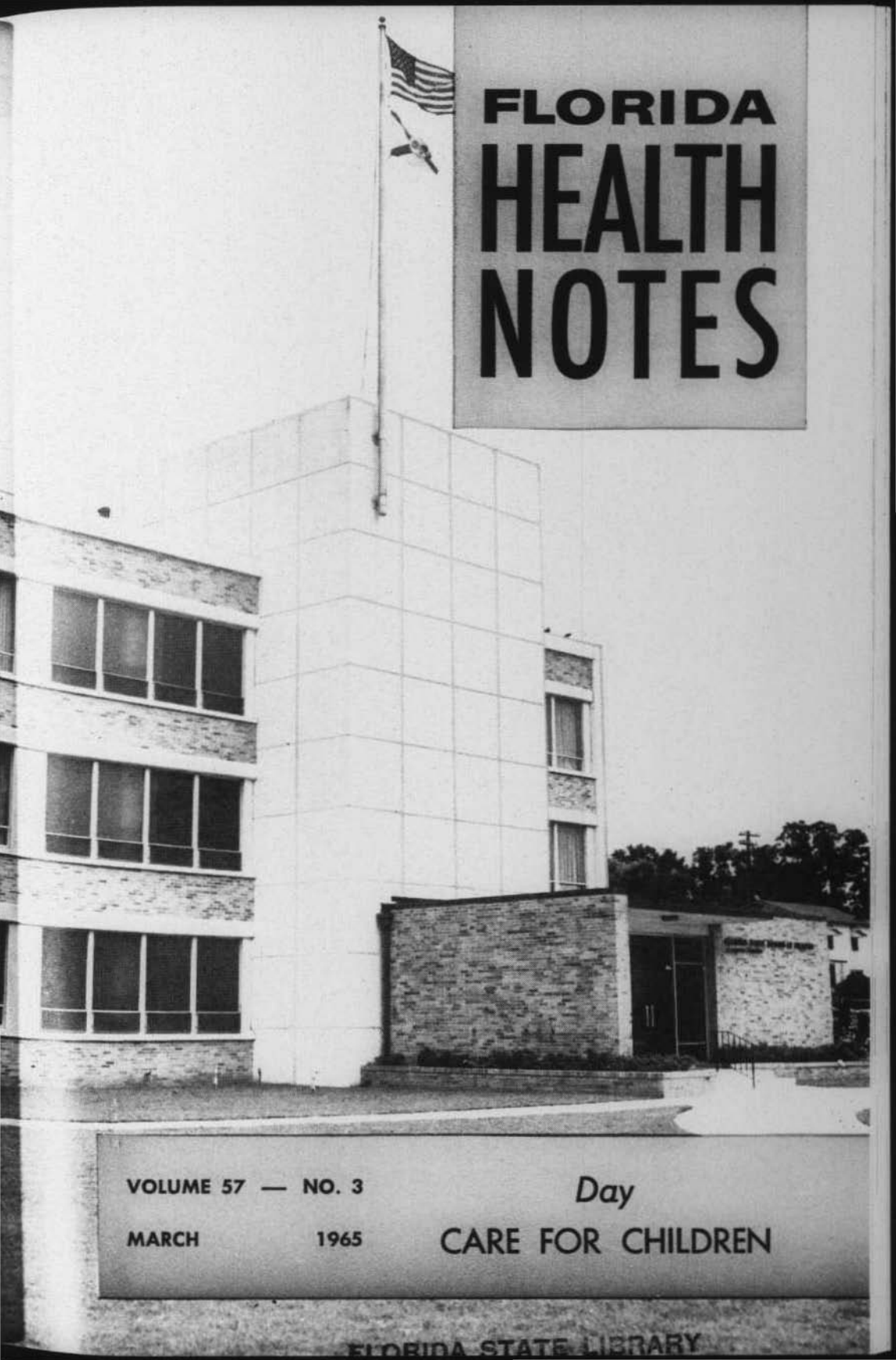
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FLORIDA HEALTH NOTES

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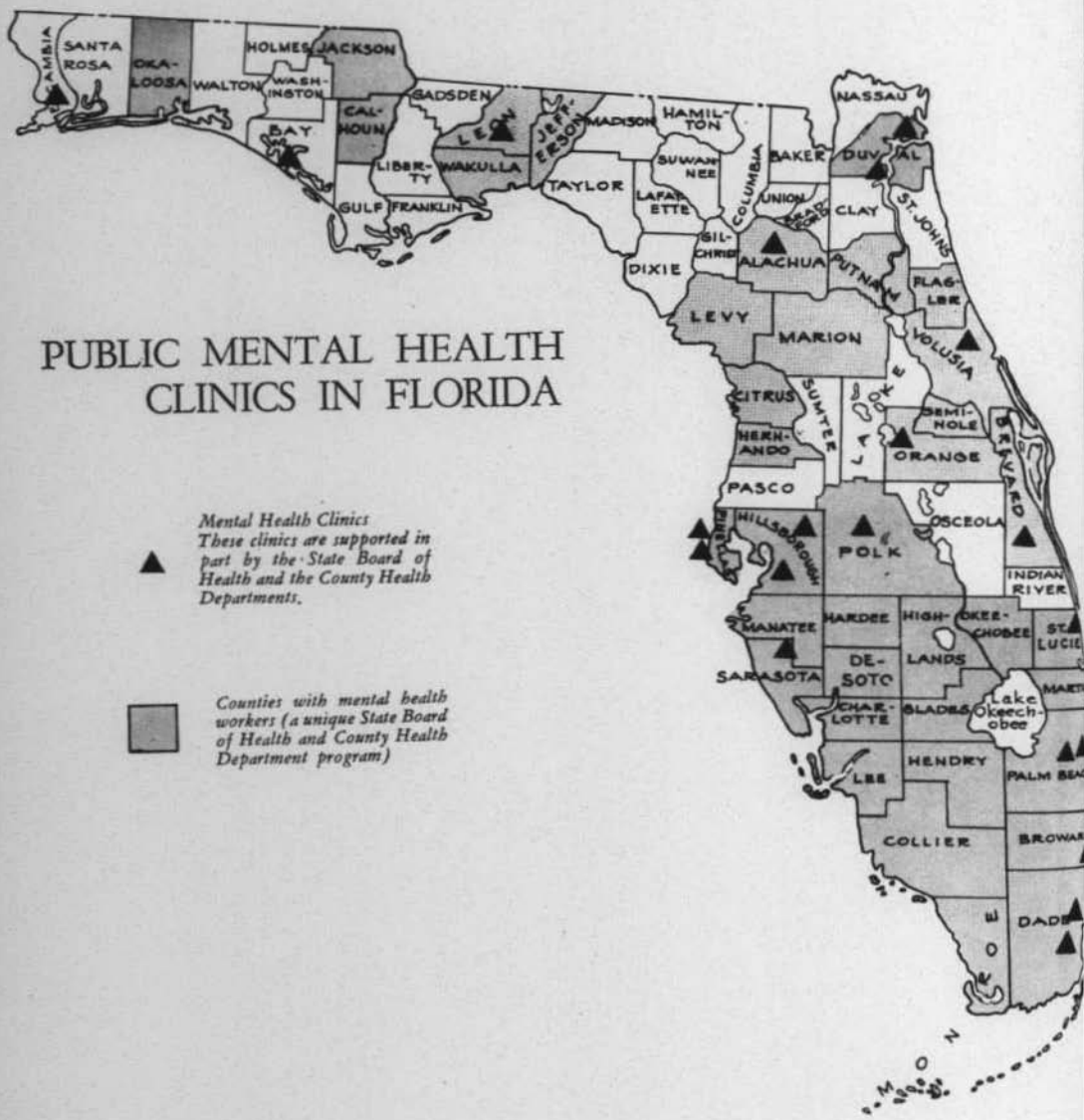
MARCH 1965

Day

CARE FOR CHILDREN

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This is a corrected map of public health clinics in Florida. The symbols were inadvertently switched in the last issue of Health Notes.



Day CARE FOR CHILDREN

What happens to four-year-old Jimmy who is separated from his mother every day—for most of the day—while she works?

During the better part of his young life he has been left with one person after another. This is during the most formative years of his life when his habits and personality are being molded. For several months he was left with a neighbor who really wasn't interested in him—only the money involved. There was a period of a year when he stayed with his grandmother, who was too old and deaf to give him the care and attention he needed. Now he is left with an indifferent maid who punishes him severely when she thinks he has done something wrong and ignores him pretty much the rest of the time.

What Jimmy needs is the services of a **child day care center.** The Center should not be interpreted as a substitute for Jimmy's mother but it should be a place where he receives adequate protection with regard to his health and safety (as well as tender loving care) and is guided in his play activities.

There are children like Jimmy in every community. A great many are in child day care centers because their mothers work, but there are children in other circumstances whose needs are no less acute.

What Is Child Day Care?

"Child day care" is a place to provide good care and protection on a regular basis for children at a location outside of their home for part or all of a day. It may be called a nursery, kindergarten, nursery school, play school or day care school. (From here on we will frequently refer to it by the initials DCC.) Usually the Center cares for a number of children for four or more hours each day. The working parent can deliver a child on the way to work and pick him up at the end of the day. But the DCC is more than a place to leave a child. The ideal situation is where parents and staff members of the Center work together to give the child the best possible

chance for optimum physical, emotional and intellectual growth. While the Center will not take the place of the parents, it can support and supplement the parents' efforts.

Why Are These Centers Needed?

The State Board of Health and the 67 County Health Departments are interested in child day care centers for a number of reasons. We want to make sure that the children are cared for in a safe and sanitary environment, that both the personnel who work in the Centers and the children are in good health and have no communicable diseases. There must not be more children than the Center can adequately house. Good supervision at all times is essential, too.

More and more mothers are taking jobs outside their homes. The Bureau of the Census, in 1960, found that the number of mothers who worked has doubled since 1950. According to this survey, 108,705 women in Florida with children under six years of age are in the labor force. While some children are cared for by their fathers or relatives while their mother is away from home, untold thousands are cared for by non-relatives, either in the children's own home or some other place.

Why do these mothers work? When there is **no man in the family,** the mother must take a job to support herself and her children. Perhaps the father is one of the 3D's—"dead, divorced, deserted." In 1960, there were 23,444 such women in Florida who worked and yet had children under six years of age.

Some women work to **supplement the income** provided by their husbands. A large number of these women are from lower income families whose husbands make $1000 to $3000 a year. Other women want to be able to **afford some of the luxuries** of life or provide for their **children's higher education.** Many more **like to work** because they want to do something more exciting than housework. Perhaps they have spent a number of years training for a profession and want to keep active in their careers.

FLORIDA HEALTH NOTES

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When the weather permits we have fun outdoors on the playground. We can play on the slide, climb on the "monkey bars" or push each other around in a wagon.

According to the 1960 census, there were 85,261 married women in Florida who lived with their husbands, had children under six years of age, and yet held a position outside the home.

But the working mother is not the only reason for DCCs, although this is the major one. Physical or mental illness may keep the mother from giving her children proper care. There may be a poor family relationship, too many young children for the mother to care for at one time, grandparents living in the home, immature parents or the children may have behavior problems







We wash our hands before having our snacks of juice and cookies and before we have our noontime lunch.

which the parents think might be helped by association with others of their age.

Who Benefits?

The child, family and community all derive benefits from the services given a child in a wholesome, educational day care center.

If Jimmy was placed in a good Center, he would receive the protection and guidance a four-year-old boy needs. The approved or licensed Center (more about this later) is located in a neighborhood where a minimum of noise, dust, odors, smoke and traffic

will interfere with Jimmy's comfort. The building would be constructed and maintained for his safety. He would be supervised to see that he did not hurt himself while playing; that he had medical care when he needed it; and that he would not be exposed to communicable diseases or other health hazards.

This is unlike the attention given Jimmy by the uninterested neighbor, the elderly grandmother or the indifferent maid. Under their care he may be free to get into mischief (as little boys do), play in the streets, fall down a flight of stairs or associate with children who have undesirable habits.

The community has a big stake in seeing that Jimmy is being adequately cared for in a Center. Good day care services protect children from unhealthy and dangerous situations. If a child is half-starved, abandoned or allowed to roam the streets unsupervised, the community is aroused; if he commits a crime, he can be controlled or, hopefully, rehabilitated; but if he is being cared for, even haphazardly, by "someone," his plight may go unnoticed. In a Center he will be taught good health habits, how to have satisfying relationships with other children and will turn to the women who care for him for affection and understanding. Perhaps what he receives at the Center can, to some extent, offset unsatisfactory home conditions.

What Does the Center Provide?

A day care center provides children with a happy, wholesome and healthful schedule of activities during the day while their mothers are working. Only persons known to the staff can take a child away from the Center. Members of the staff supervise the children at all times and playgrounds are fenced to keep the children from running into the streets. They go through preschool routines that prepare them for future activities. There is plenty of time for free play during which the children can express themselves. The children develop a respect for authority (other than their parents) and learn how to get along with both adults and children. DCCs are frequently the children's first experience in learning to adjust to the outside world.

DCCs must abide by minimum standards which in Florida are set by either the State Board of Health, a County Health Department or the State Department of Public Welfare. Each must have a physician on whom they can call in case of emergencies. Parents are frequently asked to show proof that their children have been immunized against communicable diseases and have had a recent

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physical examination. The parents are notified immediately when their children need medical attention. If they are not available, the Centers have the name of the family physician who can be called.

Where the DCCs serve meals or snacks, the children receive good wholesome food served in an approved manner. The children usually are not allowed in the room where food is prepared; dishes must be sterilized or paper plates and cups used.

Types of Day Care Centers

There are several types of day care centers in most communities. Many churches, community centers and voluntary agencies operate such Centers from donations received through private solicitation, or from such organizations as the Red Feather, Community Chest or United Fund. Because these Centers must balance their budgets, they frequently have to take only children whose parents can pay. Since their space is limited, this means that parents who cannot afford to pay very much for day care services must turn elsewhere.

The more common type of DCC is the commercial one. A woman who likes children and wishes to make a few dollars caring for youngsters can set herself up in business. If she lives in one of the counties that has licensing requirements, she must meet the requirements of the State Department of Public Welfare, a licensing board or the County Health Department. As she makes the required improvements, the costs rise and her rates go up. This often keeps the lower income groups from using the services of a commercial DCC.

There are few services provided for the children of migrant workers. The Christian Migrant Ministry operates or assists in the operation of seven Centers in Palm Beach County, but most of the children are left with brothers or sisters or with older persons who are unable to go to the fields. There is an instance of a public health nurse finding 12 small babies on one bed being cared for by a deaf, half-blind old woman.

In Florida at the present time, there are few DCCs for the mentally retarded as far as we know. These children are usually kept at home where they have no contact with children outside their family. The parents of these children often are in need of temporary relief from the burden of daily caring for their offsprings (who frequently cannot be left alone) and although DCCs would be the ideal answer, such services are practically non-existent.

Regulations

The licensing of these Centers is to assure the parents and the state that the children are protected from persons of unwholesome character, provided with clean, sanitary and safe surroundings and cared for in a proper manner. The children's normal development is also stimulated by the Centers.

Only 15 of Florida's 67 counties have laws requiring the licensing of DCCs. Such Centers are licensed by the State Department of Public Welfare in Duval, Dade and Orange Counties. In Broward,

Who Needs Day Care?

Why are children in a day care center?

Johnny's family is in a low income bracket and his mother must work as a waitress to supplement the father's income. With both parents away from home during the day, Johnny is placed in the Center because there is no one to take care of him.

Susan's mother is a widow who must work as a secretary to support her small family.

Billy's mother is ill in a hospital and his father must work. The boy is left at the nursery when his father goes to work. At night the father takes Billy home with him.

Robin's mother is divorced and must work to support herself and her son.

Jane's mother has a large family. Because she is unable to devote her time to so many children, the mother occasionally places Jane in the nursery for daytime care.

Sharon is handicapped because she had polio at the age of two. She walks with her legs in braces. Since Sharon is an only child, her parents felt that she needed the company of normal children and placed her in the Center for a part of each day.

Kevin is in the first grade and both of his parents work. Because he would be left unsupervised after school, he walks two blocks from the school to the day care center where he stays until his parents pick him up.

Kenneth's mother likes to work. She did so before she married and the extra money goes on furniture for the new house they are buying and for Kenneth's education.

Most of these children look forward to going to the day care center each day. A good Center is the best substitute for a home.

Escambia, Hillsborough, Martin, Polk, Leon and Sarasota Counties, the Centers are licensed by County Health Departments; in Pinellas County, they are regulated by the License Board for Children's

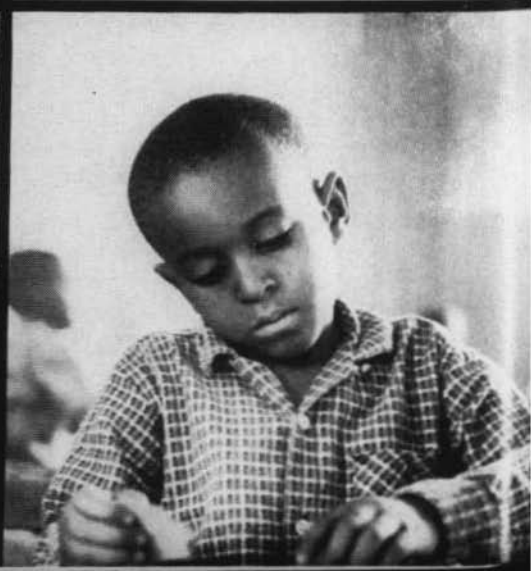


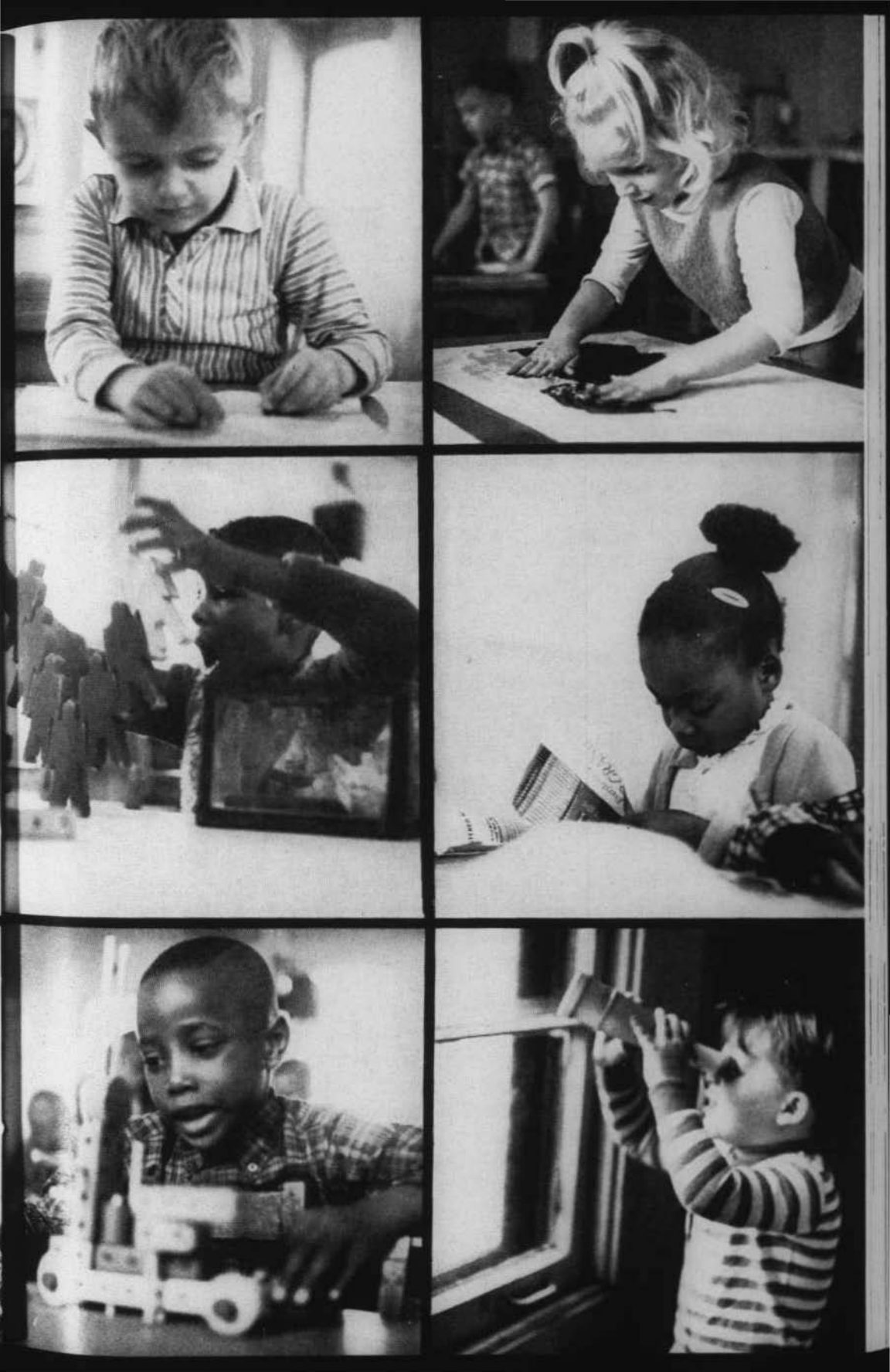




We do many things at the Centers. W
learn how to paint with a brush . .
color . . . draw what we got for Chris
mas . . . finger paint. We look at pi
ture books . . . play with blocks . .
cut out pictures . . . mold clay . . . pu
a puzzle together . . . push a truck . .
and watch the birds







Centers and Family Day Care Homes; and in Alachua, Manatee and Palm Beach Counties, special licensing boards have been set up in conjunction with the County Health Departments. Okaloosa County is presently formulating its regulations.

While regulations vary in different counties (except those under the State Department of Public Welfare), the licensing of DCCs gives a certain status to their services. In a county where there are no licensing regulations, the emergence of shoddy or inadequate programs sometimes creates competition that good services find hard to face. The recognition of what constitutes good day care services can give impetus to a local licensing program, provided parents and the community demand it.

DCC licensing should include responsibility for locating, identifying and approving all facilities caring for three or more children outside of their homes, and authority to visit the Centers and evaluate what is being done for and with the children. Visits to observe, inspect and consult with the owners or operators of the Centers should not be restricted to the one time a year when the license is issued.

Dangers of Nonlicensed DCCs

Where DCCs are not regulated, buildings may be unsafe and in an unwholesome neighborhood, playgrounds may not be fenced, the rooms may be dirty, food of poor nutritional quality served, and diseased pets allowed. The children may be treated in an unkind manner by the staff. There may be a shortage of toilet facilities, unsafe water and poor sanitary conditions. Playground equipment and toys may be broken and dangerous. The Centers may be understaffed to a point where the children may be neglected, and too many children may be herded together in an inadequate space. The staff members may be ill or have a communicable disease. In one county an operator had tuberculosis which eight children contracted. This county now has enacted a licensing law.

Minimum Requirements

There is a wide variation in the county laws and regulations which cover DCCs. There may be specific laws about housing or sanitary measures to be undertaken. Some county regulations specify the number of children for each toilet or lavatory; others do not. All of the county laws require periodical examinations and health cards for staff members and physical checkups and immunizations for the children. Some counties require annual inspection

of the premises by the local fire department; others require only that there be a sufficient number of fire extinguishers.

A good example of the minimum standards for day care centers are the ones set up by the State Department of Public Welfare. Some of the requirements are:

The buildings and grounds of a day care center must be suitable for the purposes intended and in a neighborhood which is wholesome for children. The buildings must be safe, sanitary, comfortable, roomy and conducive to the development of preschool children.

The regulations require that the buildings and grounds be free of hazards to safety with accessible fire exits, plenty of fire extinguishers ready for use, and personnel of the Center instructed in how to report and put out a fire, and how to evacuate the children.

They require that the DCCs have suitable tables, chairs and cupboards and enough play equipment and supplies for a varied group day care program. There should be one lavatory and toilet

FACUS

Florida Association on Children Under Six is an organization of people who are concerned with preschool children. It strives to constantly improve the work of child day care centers, nurseries, kindergartens, etc. This is done by supplying speakers and arranging for panels on topics important to the field, providing special workshops in specific interest areas, helping people in the profession to a better understanding of what children need and serving as a link with regional and national organizations. For further information write to: Mrs. Clyde McIntyre, president, 4714 Shirley Street, Jacksonville, Florida 32210.

for every 15 children. The rooms used for napping should be suitable and beds and cots placed at least two feet apart. The regulations specify that there should be a minimum of 25 square feet indoors, 40 square feet outdoors and 500 square feet for overnight care for each child.

DCCs seeking approval from the State Department of Public Welfare must pass a sanitary inspection by a representative of the County Health Department before a license is issued. They also must have an annual inspection. These inspections are based on the Sanitary Code of Florida and particular attention is given to water supply, sewage disposal and food preparation and service.

To protect the health of the children, the regulations require that each child must have a physical examination within 30 days before being admitted to the Center and a written statement by a physician or County Health Officer that the child is free of communicable diseases. The staff should have a practical knowledge of first aid and a first aid kit must be kept on hand. If a child becomes ill or is suspected of having a communicable disease, the regulations require that he be isolated from other children and returned to his parents or guardian as soon as possible. For the protection of children, each child is to have his own bed or cot, towel, washcloth, comb and bedding which should be kept separate from that of other children.

People Who Work With Centers

Nearly all of the supervision of day care centers in those counties which have laws regulating such centers is done by public health nurses and sanitarians of the County Health Departments or social workers of the State Department of Public Welfare. These people help the centers to meet the requirements of the standards so they can be licensed. This is frequently done by consultation, education and information. Operators of day care centers who are truly interested in children are eager to meet the standards set by the regulating agencies. For further information about day care centers in your community, call your County Health Department or District Welfare Board.

The Staff

The staff of any child day care center should consist of people who like children. They should have different types of training and experiences—director, teacher, cook, janitor, clerk and aide. Social workers and public health nurses frequently make calls at DCCs.

Since the director of the DCC has responsibility for the program, she should be trained in social work, child development or education, or a combination of the three. A good director has a genuine concern for children and their parents and is sensitive to their needs. She should be able to work well with both adults and children, know the community and its resources for health and welfare services. She should be able to work with people from different professions and, if the Center is supported by a board of directors, should know how to work with them and committee members.

The staff of a good DCC program should include persons with the same education and training as nursery schoolteachers. The well-rounded experiences children have in the Center are usually dependent upon wise and skillful teacher guidance. The teacher must see children as individuals, as well as members of their families and as members of their group.

All staff members who come in contact with the children should have some knowledge of child growth and development, the ability to give a child a feeling of security and comfort and to guide him in accord with his individual needs. They must be able to understand parents, respect them and support the parents in their relationship with the children.

One Florida county (Pinellas) requires some credits in early childhood education for operators of day care centers and staff members in charge of the curriculum and program. Another county (Leon) requires the person in charge to have two years of college training. The Manatee County law states that the staff members must be ". . . suitably trained in the physical and emotional care of children. . ." Some counties simply require that adults must be in charge of the children. The State Department of Public Welfare requires that adults caring for the children be qualified to provide good physical care, maintain responsible supervision and stimulate normal development.

The number of children per each attendant varies from county to county. The general rule is that there should be 10 children for each adult, including cooks and maids. However, in some counties the age of the children is dependent upon the number in attendance; where there are children two to three years of age—one person can only care for six children. Where there are older children there may be larger groups for each attendant.

Family Day Care Homes

There is a growing need for family homes where children under two years of age can be kept in the daytime. Very young children need special, individual attention and for this reason they should not be placed in group DCCs. These homes are supervised by a licensing agency. In Dade County, where family day care centers are supervised by the State Department of Public Welfare, public health nurses or social workers inspect the homes to see if they are in a healthy environment, have a concerned staff, are conveniently located, and have space and equipment for play and rest.

The family day-care mother has complete charge of the child and daily contact with the child's mother. What the family day-care mother does for the child is similar to what his own mother does for him, but his true mother should remain the emotional pivot and the more permanent influence in the child's life. Everything done in the family day care home is as much in harmony with the mother's methods of care as possible and there should be no attempt to usurp the mother's role. The family day-care mother is selected because of her natural motherly qualities, personality, experience and interest and usually she has had no particular training in the growth and development of children.

In Dade County, the family day care centers may take care of not more than three children under three years of age.

Care for Young School Children

Only a few child day care centers accept school children after school is out for the day. When children from public school kindergarten and first grade leave school, their working mothers are frequently still on the job. Older children often have after school activities, such as Girl and Boy Scouts; there is usually nothing for the younger children to do. They are free to roam the streets, or if they go home, there is no one to supervise them. They are known as "latchstring" children as they often wear the key to their front door around their necks so they will not lose it. A community that permits its children to go thus unsupervised runs the risk of future individual and community problems.

In those DCCs where young school children are accepted, they are usually kept in their own age groups. The children can play at the Centers, nap or even get their evening meal before their parents pick them up. However, many group day care centers do not accept school-age children because they are not licensed for the additional number this would add to their group.

What Parents Should Look for in Day Care

Parents who are going to place their children in a DCC need to make sure the services provided are what they want for their youngsters.

★ If the county in which they reside requires licensing of child day care centers, the parents should make sure the Center is approved. This means the services meet the minimum standards of the State Department of Public Welfare, the County Health De-





Each afternoon we have a quiet time when our teacher tells us a story and we take our naps. The best time of all is when we go home with our mother (or father).

partment or the licensing board. In counties where there are no such requirements, the parents should take the initiative to see that such a law is passed.

★ The parents should make sure the Center is clean and safely maintained. There may be temporary disorder because toys and equipment are in use but this is a part of every Center's activity.

★ Parents should look for staff members who have been specially trained to teach children under six years of age and who show an interest in their child as an individual.

★ Parents should ask about what kinds of foods are served and how often. Sample menus should be available.

★ Parents should look for sufficient bathroom facilities, nap space and other indications that would show concern for the children's health.

★ Parents should notice if the Center has space for the children to move about while skipping, running or dancing; outdoor space for riding tricycles, playing in sandbox or climbing; and space

for the children to play apart from the group or to paint without being jostled.

★ Parents should find out if the program meets the needs of growing children, quiet times for rest, stories, conversations and refreshments; free play periods where children can choose what they want to do and work periods of short duration—so that the children do not become tense.

★ Parents should check the atmosphere of the school to determine if children are happy, busy and active; if they are learning to share toys and ideas and to have consideration for the rights of others.

★ Parents should make sure if their visits are welcome and provisions made for close parent-teacher-child relationships.

★ The primary purpose of the child care center is to serve the child while he is separated from his parents—whatever the reason may be. The welfare of the child is first in the minds of the parents, the owner and/or operator of the day care center, the County Health Departments, the State Department of Public Welfare and the State Board of Health.



The following publications and forms are available for day care center operators:

from your County Health Department or the Division of Nutrition, Florida State Board of Health, P. O. Box 210, Jacksonville, Florida 32201

FOOD SERVICE FOR NURSERY SCHOOLS

from the Florida State Department of Public Welfare, Group Care Section, P. O. Box 2050, Jacksonville, Florida 32203

DAY CARE AND EARLY CHILDHOOD EDUCATION—A LIST OF PAMPHLETS AND BOOKS

RECORD OF CHILD ACCEPTED FOR CARE — CW-21 (Revised 9-58)

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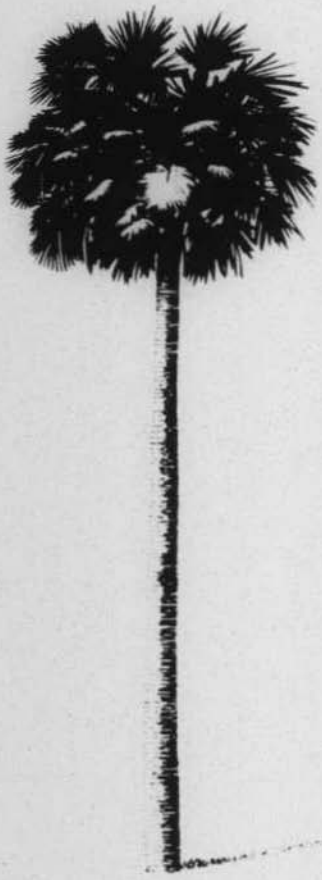
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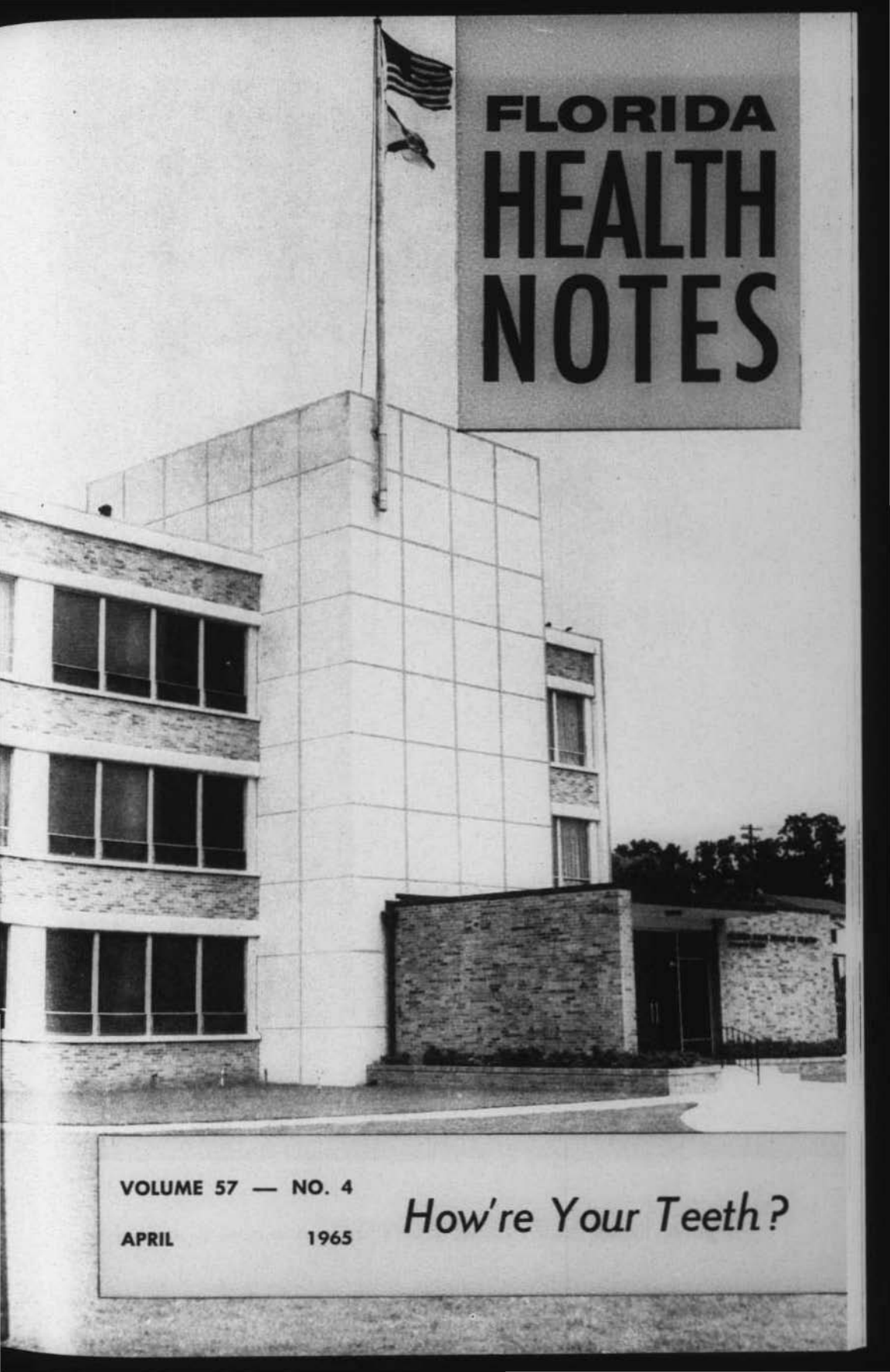
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FLORIDA HEALTH NOTES

VOLUME 57 — NO. 4

APRIL 1965

How're Your Teeth?



A public health dentist checks a youngster's teeth prior to making X rays.

What do you know about diseases of the teeth and mouth? Did you know that these diseases are on the increase?

This fact has been discovered in dental surveys made by public health dentists in Florida. And it is true in these days of great scientific discoveries in medicine, when more diseases are being conquered and when scientists are on the verge of uncovering the mysteries of cancer, heart disease and other killers.

Controlling dental diseases depends to a great extent on what people are willing to do for themselves. You may not have dental problems yourself but it is a problem to many people. If these diseases, such as gingivitis (inflammation of the gums), pyorrhea (disease of the supporting sockets), Vincent's infection (also known as trench mouth) and cavities, are to be reduced in your community, more attention must be given to control and prevention. This is the work of the public health and private dentists.

Good general health and oral health are companions, for physical and social well-being do not exist when decayed teeth or diseased gums are present. The mouth is the portal for food and water and good mastication (chewing) of food is hampered by poor or missing teeth. A lost tooth, if it is not replaced by an artificial one, may result in the "drifting" of adjacent teeth into the vacant space.

Attractive teeth are an asset, as everyone realizes. They improve your appearance and help

How're Your Teeth?

maintain good health. Cleanliness, or good hygiene, is a very necessary aid to the maintenance of healthy teeth and the tissues surrounding the teeth.

A Big Problem

Dental health is one of the biggest health problems in Florida—and in the United States. A total of $2.5 billion is spent each year in this country on corrective dental care, but only one-third of the population goes regularly to the dentist. This leaves two-thirds of us without dental care—or infrequent care at best.

The statistics which show the need for proper dental care are staggering. In Florida:

★ Fifty per cent of all two-year-old children have one or more decayed teeth.

★ Fifteen per cent of junior or senior high school students have lost one or more of their permanent teeth.

★ Nine per cent of elementary school children have lost one or more of their permanent teeth.

★ The average Floridian has four untreated dental cavities.

★ Some 99.5 per cent of all the people in the state will have some form of dental disease during their lifetime.

★ Over 600,000 adults in Florida have lost all of their teeth; many of these people wear dentures. Others have not replaced their lost permanent teeth.

* * * *

We could talk about the usual dental hygiene procedures — such as brushing your teeth after meals and making regular pilgrimages to your dentist. But you hear about this all of the time. Television, radio and many publications emphasize the facts about g o o d dental care. Of course, you may not heed this advice, but m o r e people are doing so every year.

FLORIDA HEALTH NOTES

Published monthly except July and August on the 5th day of the month by the Florida State Board of Health, Wilson T. Sowder, M.D., M.P.H., State Health Officer. Publication office Jacksonville, Florida, headquarters of the State Board of Health. Entered as second class matter, October 27, 1921, at post office, Jacksonville, Florida, Act of August 24, 1912. It is intended primarily for individuals and institutions with an interest in the state health program, public and private. Permission is given to quote any story. Clippings of quotations or excerpts would be appreciated.

GOOD DENTAL HABITS

Do you know how to take good care of your teeth? Here are a few suggestions:

★ *Brush your teeth after every meal or between-meal snacks. If you can't brush, at least rinse your mouth with water.*

★ *Eat foods that are good for you generally and you'll be eating the right foods to keep your mouth healthy.*

★ *Avoid too much candy and soft drinks — or other sweets.*

★ *See your dentist twice a year — or as often as he suggests.*

So instead of dwelling on how to take care of your teeth (which you already know), this issue of **Health Notes** will tell you what is being done in Florida in the field of **public health dentistry.**

What is Public Health Dentistry?

The private dentist works with the individual. Let's take Mrs. Blank who comes to Dr. Doe for treatment. He takes Mrs. Blank's history, examines her teeth, makes a diagnosis and then treats her by filling, extracting or replacing teeth — whatever is needed. Mrs. Blank in turn pays the dentist for the treatment and she will probably see him again in a few months for an evaluation of the work performed.

Public health dentistry is concerned with the whole community. The public health dentist works in a dental clinic and is part of the County Health Department staff. The major part of his time is devoted to corrective care for underprivileged children. He or the dental hygienist may make a survey of the needs of the community through the schools or other institutions. This survey can also be an educational experience for many children who have never been to a dentist. He also does inspections and educational work with students in the schools. The surveys are studied by the dentist and other public

health workers and they cooperate to make plans to meet the local dental needs.

When school dental inspections are completed, the child takes a note home to his parents which tells them his mouth has been examined and he needs to be seen by his family dentist. The note urges them to make an appointment as soon as possible. After the school examination, there is a small segment of the population who say they cannot afford dental care for their chil-



A dental preceptee conducts an informal class in taking care of the teeth.

dren. Each of these claims is carefully investigated by local welfare workers or public health nurses and if found eligible, the children are sent to the local County Health Department dental clinic for treatment.

In some communities where full-time public health dentists are not employed, private dentists volunteer their services to provide treatment for underprivileged children. In addition, local community groups often contribute funds to provide needed materials or dental equipment and, in many instances, pay for dental treatment in the office of private dentists.

New Features

Surveys have been made recently in Florida to determine the needs of **mentally retarded children and residents of homes for the aged.** A survey of **X-ray machines** is being carried on by the State Board of Health to make sure the machines are working properly.

The State Board of Health conducted a study in a private school for retarded children and a special class of a regular elementary school to determine if dentists could secure dental histories and examine these youngsters. The dentists wanted to find out what the children's needs were and how they could be met. They discovered that a large number of the children could be given dental treatment despite their handicaps, but that the general dental needs of this group were more complicated than those of average children. Mentally retarded children are often handicapped in the care of their teeth because they are unable to understand the "whys" of cleaning their teeth and proper diet.

A total of 731 residents in homes for the aged was examined in nine counties by private and public health dentists. Many of these elderly people needed some kind of dental treatment and a large number was unable to pay for it. Half of the aged had dentures or needed them; others needed extractions; some needed other types of dental surgery. The thought behind this particular survey (of the dental needs of the aged) was to determine what plans could be made for

treating these patients within these institutions when funds and personnel became available.

A survey and consultation service with regard to the use of dental X-ray machines is offered by the State Board of Health. This service is given at the request of the various dental societies in the state. Past experience has clearly shown that the radiation exposure to the dentist, his office personnel and his patients can be substantially reduced by simple changes in procedure and inexpensive adjustments to the X-ray machine without adversely affecting the diagnostic quality of the X-ray film.

There has been full cooperation from dentists of the state in this program and the vast majority of all dental X-ray machines now in use in Florida has been examined at least once.

Education for the dental professions is advancing in Florida. Schools of dental hygiene have been established in community colleges in Lake Worth, St. Petersburg and Pensacola. Because senior students need to learn the procedures followed in a dental office, plans have been made to assign them to County Health Department dental clinics for brief periods of duty and observation. This gives them an overall view of dental public health. A school of dentistry, a long hoped-for dream, is now being planned at the University of Florida.

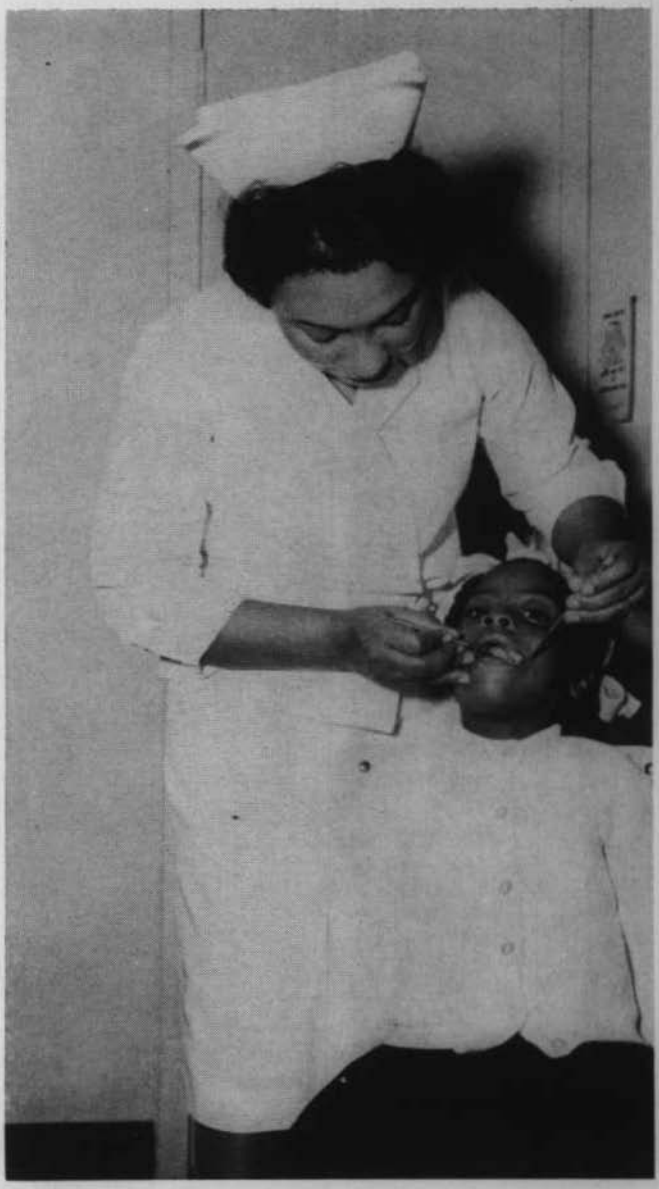
What Is Being Done

The Florida State Dental Society, the Florida State Board of Dental Examiners and the State Board of Health have developed two programs to encourage the practice of dentistry in the state. A scholarship program has been set up to aid residents who wish to study dentistry and a preceptorship program has been developed to bring in graduates of dental schools to supply manpower for the dental clinics in County Health Departments.

The **scholarship program**, which was set up by the 1955 Legislature, has a twofold purpose: to assist Florida students who wish to become dentists (by providing them up to $4000 for a four-year course) and to encourage competent, well-trained den-

tists to establish their practices in areas of the state where there is a need for more dental services.

In accepting the scholarship, the student must sign an agreement to the effect that after he is graduated and licensed to



A dental hygienist checks a child's teeth during a school survey.





A public health dentist welcomes a boy to one of the mobile clinics which the State Board of Health operates. Once inside, the boy's teeth are thoroughly checked.

practice in the state, he will practice dentistry in one of Florida's smaller communities or rural areas where there is need for his services, or he may fulfill his obligation by serving in dental public health within the state. These areas are designated by the State Board of Health and he can choose from among several. For each year he practices in the community to which he has been assigned, one-fourth of his scholarship obligation will be cancelled. After four years, the entire scholarship is considered repaid.

PROFILE OF A DENTAL PRECEPTEE

Dr. Goodteeth is a public health dentist who works in a clinic of one of the smaller County Health Departments. Unlike the regularly-employed dentists of some of the larger County Health Departments, Dr. Goodteeth is a preceptee.

A graduate from a Midwest dental school, he is not licensed in Florida at the present time, but plans to take the state dental examinations next year. He was recruited by the State Board of Health, approved by the State Board of Dental Examiners, and selected for employment by the County Health Officer. While employed, he receives professional guidance and supervision by a committee from the local dental society.

Dr. Goodteeth works with underprivileged elementary schoolchildren who are brought from their schools to the clinic. With the parents' approval, he examines and cleans the children's teeth, applies topical fluoride, takes diagnostic X rays, places fillings and extracts teeth when necessary. Underprivileged junior and senior high school students are seen only for emergency treatments. Some of his time is also spent with dentally indigent prenatal patients who come to the County Health Department for other services.

Because dental health education is important, Dr. Goodteeth spends considerable time teaching expectant mothers and schoolchildren the proper toothbrushing techniques and the importance of good nutrition in maintaining healthy teeth. Many times he goes to schools where he serves as an advisor to principals, health coordinators and teachers. He often speaks to groups and some individual classes.

He is required to attend local, district and state meetings of the dental societies and encouraged to visit and observe in private dental offices of his community. He also is working on a dental research problem and will make a report of his findings to the local dental society.

Dr. Goodteeth is married, has a son 18 months old and thinks he would like to settle down in Florida.

PROFESSIONALS IN DENTAL PUBLIC HEALTH

Who works in dental public health in Florida?

On the state level (State Board of Health) are two public health dentists, one preceptorship dentist, one dental health educator and one dental hygienist.

On the county level are seven full-time licensed dentists, 13 preceptorship dentists, 16 dental assistants and many private dentists who donate their services.

Out of 101 scholarships awarded during the past 10 years, 31 recipients are working in 27 counties. Other students are still in school, in the armed forces, in the process of repaying their scholarships, or have repaid them.

The **preceptorship program** makes it possible to operate many of the dental clinics in County Health Departments in Florida. Prior to 1957, the State Board of Health and the County Health Departments experienced difficulty in obtaining licensed dentists to operate the dental clinics since most men prefer the private practice of dentistry. But under this program, a local dental society may offer a one-year preceptorship to an **unlicensed dentist who has been recently graduated from an approved dental school.** During the year, the preceptee serves as a public health dentist in a County Health Department under the professional direction of a committee of local dentists and under the administrative supervision of the County Health Officer and a representative of the Bureau of Dental Health. In this way, the County Health Department can offer dental care particularly to underprivileged elementary schoolchildren and, in some instances, to a limited number of expectant mothers.

The Bureau of Dental Health of the State Board of Health has been responsible for the early development and promotion of this program. Each year, the bureau holds a five-day postgraduate course for these dentists. The bureau is also respon-

sible for recruiting dental graduates to staff county dental clinics. Information is sent to seniors in dental schools, but much recruiting is done by the preceptees themselves who pass the word on to upper classmen.

A Variety of Programs

Dental clinics are operated in 30 County Health Departments (including one tri-county Department which has a mobile dental clinic) for underprivileged children and expectant mothers. In these clinics, the patients receive the usual types of dental treatment—except the replacing of teeth. The State Board of Health also operates two mobile clinics (trailers) which go to schools throughout the state.

The State Board of Health cooperates with public health and private dentists by doing tests for **lactobacillus.** These and other bacteria live on sugars and carbohydrates and their reactions cause acid which attacks tooth enamel. In order to prevent this, it is necessary in many cases to restrict the excessive use of sugars and refined carbohydrates in the diet to reduce the amount of acid produced. Persons placed on a low-carbohydrate diet for a reasonable length of time, in many instances, have less dental decay. Dentists can request diet sheets and special kits from the State Board of Health for taking specimens of saliva from their patients. The specimens are sent to the Central Laboratory in Jacksonville for analysis. The results are then used by dentists to decide on the right diet for patients.

A new program for early detection of **oral cancer** by dentists, pathologists and oral surgeons is being conducted by the State Board of Health. A total of 243 people in Florida is known to have died of this disease during 1963. Oral cytology kits, which contain equipment and instructions for taking smears and biopsies when needed, may be ordered from the Bureau of Dental Health by dentists. The smears are sent to pathologists who test the specimens and make the diagnosis. A record of smears and biopsies submitted for examination is checked and maintained by the Bureau of Dental Health and the individuals' dentists are notified

of all findings. Follow-up services, such as checking to see that individuals do go back to their dentists, are done by the bureau. The objective of this program is to reduce needless deaths in Florida from oral cancer.

The State Board of Health is still talking about fluoridation. We believe in it! Its desirability has been proved beyond question in research and use. Although over a million Florida residents are served by water systems that have natural or controlled fluoride, too few cities have taken advantage of this method of reducing dental decay.

Children who drink fluoridated water from birth have about 65 per cent less dental decay. Fluoride is a natural substance found in water and food in varying amounts; it does not affect the taste, odor or color of water; only a tiny amount is necessary for prevention of dental decay; and the yearly cost of adding fluoride to water for each person is about 10 cents.

Twenty-seven Florida cities are now providing their residents with fluoridated water. An additional 27 communities in Florida are served by public water systems that have natural fluoride in the water.

Growing Interest

A growing interest in public health dentistry is being manifested by County Health Departments, school officials, local civic groups, professional people, public officials and the general public.

The number of dental clinics in County Health Departments has increased at a rapid rate during the past 15 years, from six counties in 1949 to 30 counties today.

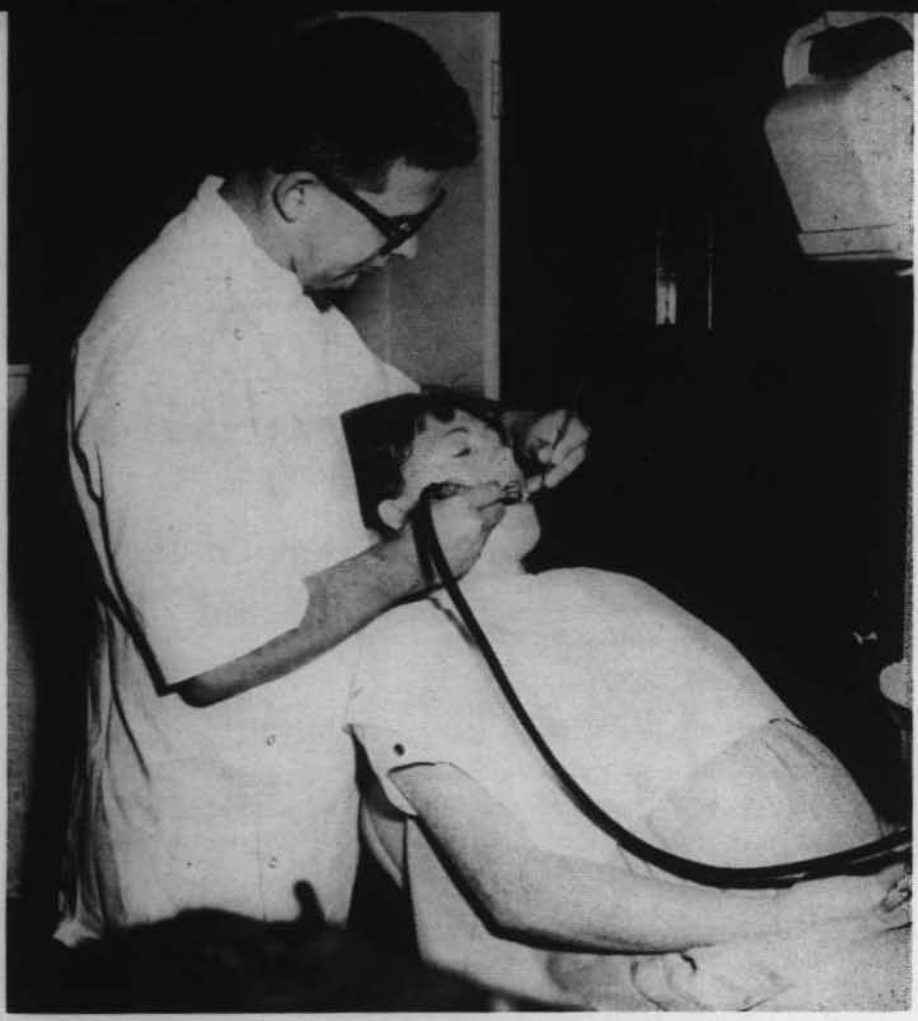
Interest in dental health has resulted in the publication of **Bulletin 7, Design for Teaching Dental Health in Florida Schools** as a guide for use in kindergarten through high school. It was developed by the State Department of Education, the Florida State Dental Society and the State Board of Health and distributed to teachers, dentists and County Health Departments by these agencies. The participation of private dentists as dental advisers in school education programs has increased interest and use of **Bulletin 7.**



A mother, dentist and public health nurse confer about treatment for a child. The public health nurse often serves as liaison between dentist and family.

Civic clubs and other organizations often donate money and supplies for clinics to help those people who cannot buy dental services for themselves. In one community in Florida, a Pilot Club contributes $1500 a year to a dental health program. In several counties, Woman's Clubs, Junior Woman's Clubs, Parent-Teacher Associations and other groups give money for the purchase of dental supplies or equipment. Groups in some counties supply volunteers who transport children to and from the clinics and supervise children in waiting rooms and assist in the dental clinics by keeping records, etc.

The State Board of Health would like to provide more dental services to underprivileged children in remote areas of Flor-



Dental examination and sometimes treatment are necessary for the expectant mother. Many prenatal patients who visit County Health Department clinics are seen by the public health dentist.

ida. These are sparsely populated and often do not have any or many dentists. The cost of operating permanent dental clinics in these areas would be prohibitive. The State Board of Health operates some dental trailers, but these cannot meet the total need.

Dental Health Education

The bureau dentists and dental health educator conduct meetings with dental advisers and school staffs to demonstrate dental health teaching materials and to develop communications between dentists, teachers and County Health Department

workers. In some counties, private dentists are quite active in school health educational programs. In addition, public health nurses, nutritionists and many other public health personnel carry on dental health education as part of their services.

The bureau also engages in other activities, including planning demonstration programs on a local level and correlating dental health education activities with educational programs of other bureaus of the State Board of Health.

Pamphlets

Pamphlets and leaflets on care of the teeth, dental diseases, fluoridation and other aspects of dental health are available from your County Health Department and your local dentists. The State Board of Health Library has a collection of dental journals, books and literature which are available to dentists and educators.

Films

The following 16mm motion picture films are some of the titles on dental health which are available from the Audio-Visual Library, Florida State Board of Health, Box 210, Jacksonville, Florida 32201. **Requests for films should be made to the Audio-Visual library a minimum of two weeks prior to the time you want to show the film.**

Challenge of Dentistry, The Color 27 minutes
Story of how to plan for a career in dentistry. For high school students and adults.

Dentist in the Classroom Color 14 minutes
A dentist answers questions about dental health problems. Primarily for elementary school students.

Healthy Teeth — Happy Smile Color 20 minutes
Teaches, with the help of a Negro cast, preventive dental care, good grooming habits as related to oral hygiene and proper dietary rules. For junior and senior high school students and adults.

Learning to Brush Color 10 minutes
Instructs students in proper toothbrushing methods. Copies available in English or Spanish narration. For primary and elementary school students.

Smile Is to Keep, A Color 15 minutes

Shows first visit of a child to a dentist and stresses the importance of continuing dental care. For general public use.

Take Time for Your Teeth Color 14 minutes

Designed to establish effective habit patterns in maintaining good oral hygiene. Illustrates how decay begins and gives means of prevention. For junior and senior high school students and adults.

What Do We Know about Teeth Color 14 minutes

Designed to teach children about their teeth and mouths; how food particles harm the teeth; why we go to the dentist. For elementary school students and adults.

Set the Stage for Dental Health Color 22 minutes

Designed to teach the basic causes of dental diseases and the methods by which these diseases may be prevented and controlled. For junior and senior high school students and adults.

JOHNNY'S FIRST VISIT TO THE DENTIST

How old should Johnny be when he makes his first visit to the dentist?

When he is between two and a half and three years of age, Johnny should be started on regular visits to the dentist. He may need nothing more than to have his teeth examined, X-rayed and cleaned, but he will enjoy the experience of sitting in the dental chair, handling a dental mirror and making friends with the dentist and his staff. Trips to the dentist should be discussed as any other routine experience. Johnny will not be afraid—unless he is taught fear by adults, brothers or sisters or other children. Here are a few points in taking your child to the dentist:

Don't offer a bribe.

Be prepared to let the child go into the dental office alone while you wait in the reception room.

Let the dentist do the talking.

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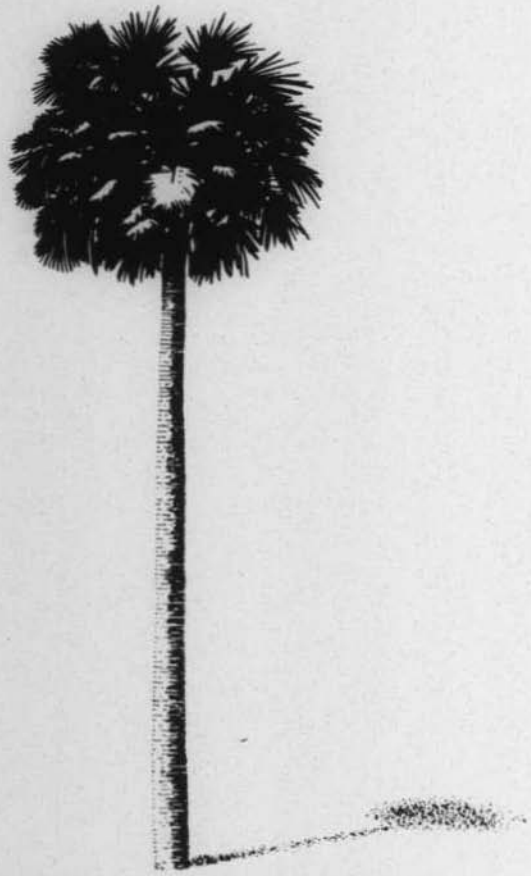
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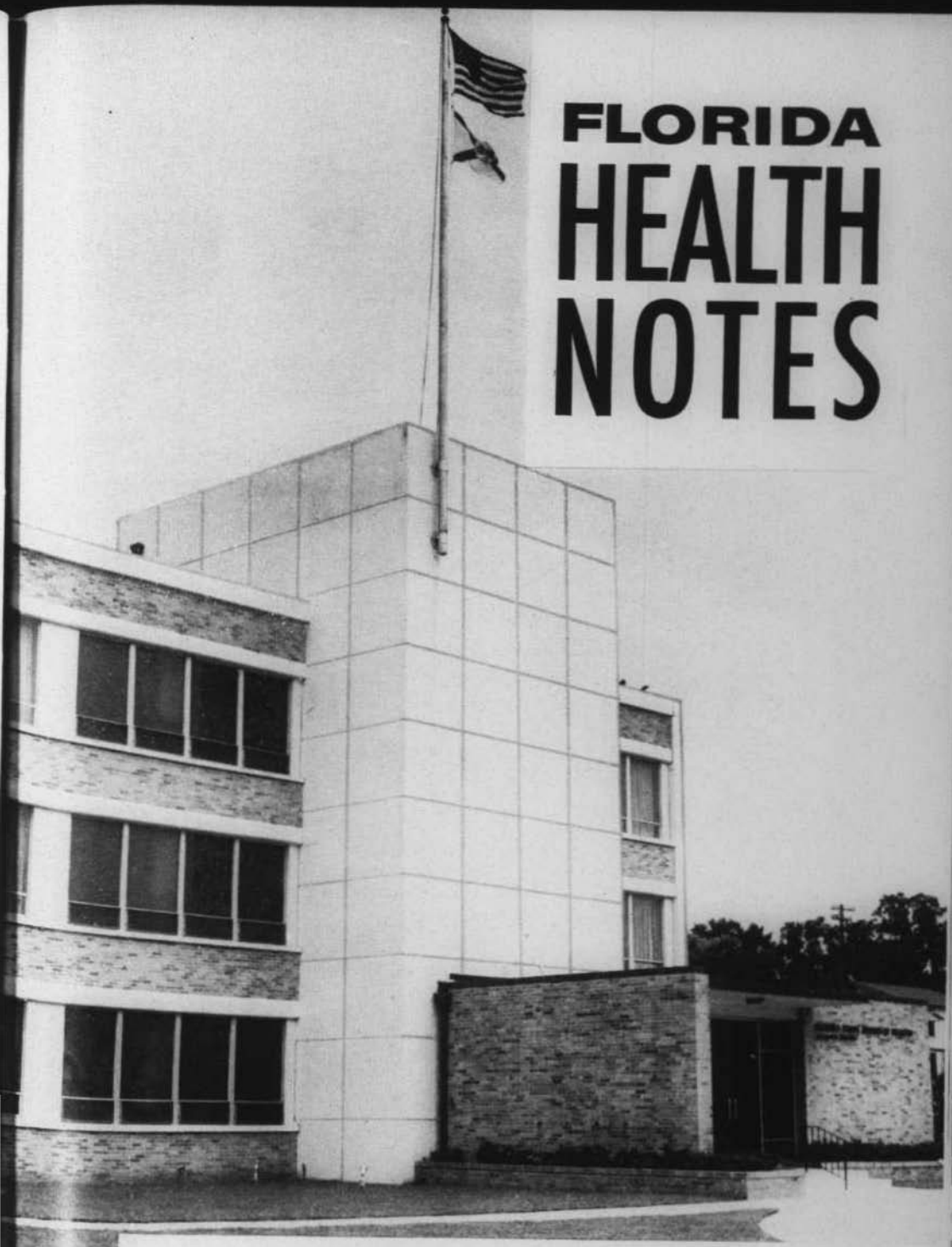
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VOLUME 57 — NO. 5

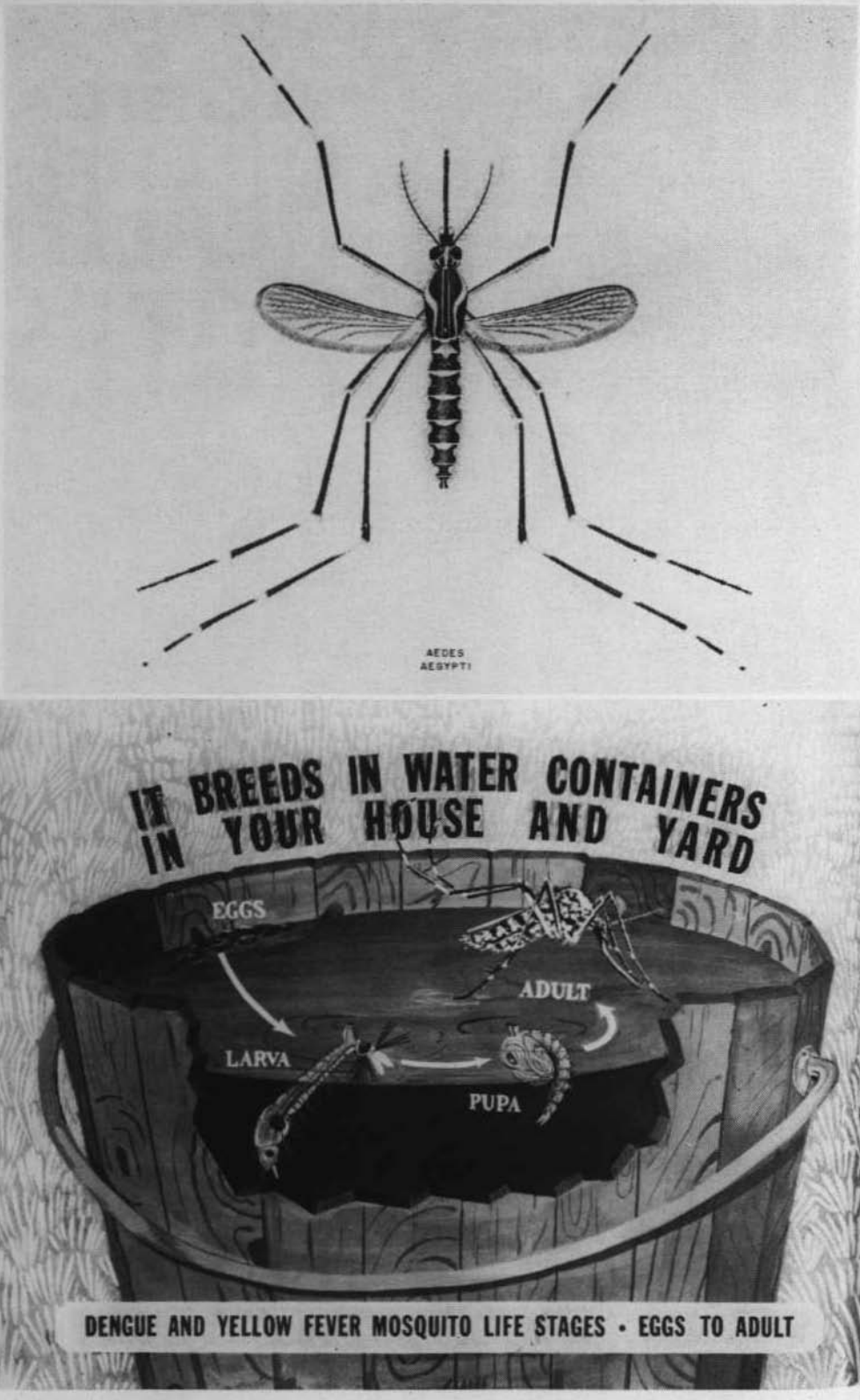
MAY 1965

They Must Go!

(*Aedes aegypti*)

FLORIDA STATE LIBRARY

FLORIDA STATE LIBRARY



This cut-away drawing of a bucket shows the life cycle of the yellow and dengue fever-carrying Aedes aegypti. Above is an enlargement of an adult mosquito.

THEY MUST GO!

(Aedes aegypti)

So you think yellow fever and dengue fever are diseases of the past? They figure only in the stories that you heard at your grandmother's knee? Don't you believe it! The mosquito that carries and spreads these diseases is **still** in Florida—but we're out to get rid of it—if that is possible. For a bold adventure in public health has begun.

The Florida State Board of Health, the 67 County Health Departments and the U. S. Public Health Service have started a project which it is hoped will end with the complete eradication of the mosquito which carries yellow and dengue fevers. The mosquito is the **Aedes aegypti** (AY-dees e-JIP-tie). It breeds not in distant salt marshes or swamps but in water in receptacles right in our own backyards. It is referred to by scientists as a domestic mosquito, and its elimination is more a matter for the **householder** than for public health authorities.

The **Aedes aegypti** is a native of Africa and is believed to have been introduced into the Western Hemisphere by sailing vessels. Many of the other nations of this hemisphere have already eradicated this particular pest, in line with an international agreement signed some years ago. Florida and the other southern states have not had a single case of yellow fever since 1905 and for a long time there was no reason to go to the expense of eradicating **Aedes aegypti** any more than any other species of mosquito. But now, with swift international travel by plane, with increased commerce in bananas, mahogany, coffee and other tropical products, many ships dock daily at our ports carrying goods—and possibly the **Aedes aegypti** mosquito infected with yellow or dengue fevers.



This tombstone marks the grave of a person who died of yellow fever in 1858. There have been no cases of this disease in Florida in many years but the mosquito which carries the dreaded killer is still present. Some Aedes aegypti may have been bred in the flower vase at the base of the tombstone.

This mosquito, if infected, could bite our citizens and infect them. Then the local **Aedes aegypti** could bite the sick person, become infected themselves—and the vicious cycle could be endlessly repeated.

But those of us in public health work are constantly fighting to **prevent** disease, and the potential eradication of this dangerous mosquito is just one example of our everyday concern for the continued health of our citizens.

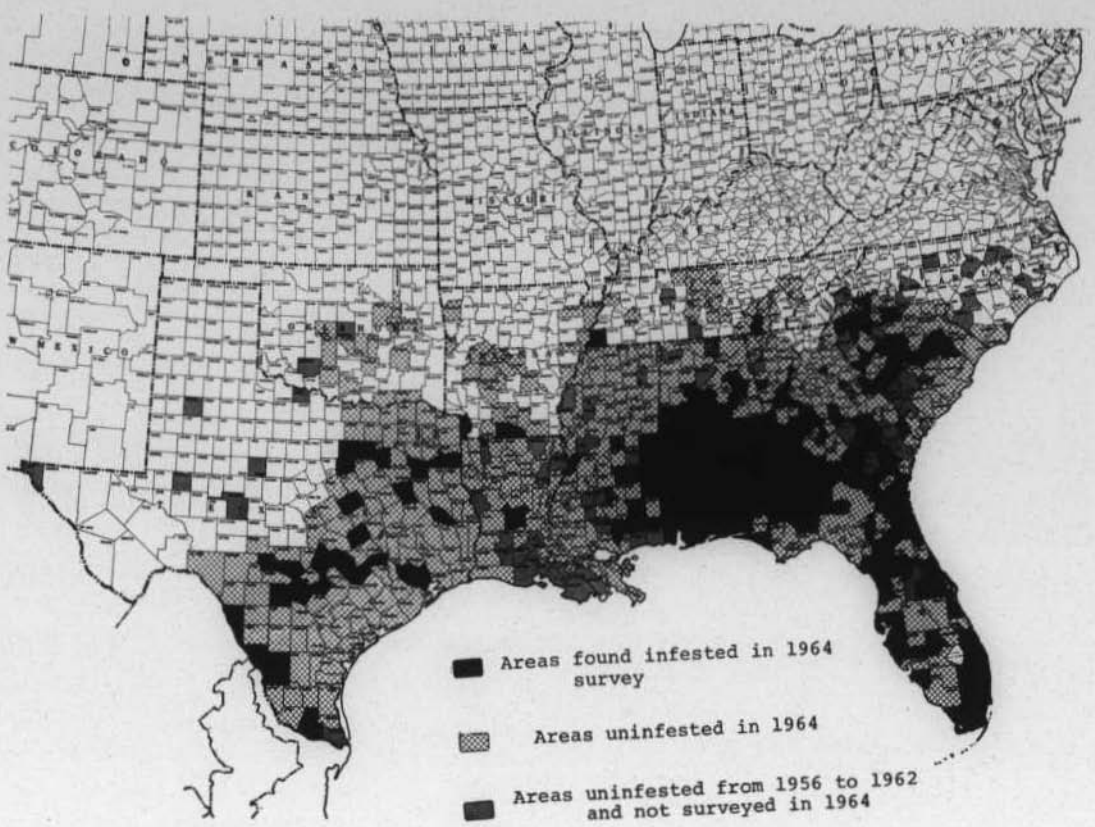
YELLOW FEVER

Yellow fever is an acute viral disease which attacks suddenly, bringing on fever, headache, backache, nausea and vomiting. The disease causes damage to the liver and is often fatal. There are two types of yellow fever. They are similar, though scientists differentiate between them. One is urban yellow fever (transmitted by the **Aedes aegypti** mosquito) and the other is jungle yellow fever (transmitted by jungle mosquitoes from monkey to monkey to man).

Many Floridians are familiar with the history of yellow fever in this country. Numerous epidemics of the dread "yellow jack," as it was called, were recorded during the nineteenth century and earlier. Examination of these epidemics indicates that all occurred in seaports, and old records show that the outbreaks occurred shortly after the arrival of a ship from a tropical port. This would seem to indicate that yellow fever does not flourish in Florida unless a fresh supply of the virus is brought in by infected mosquitoes or humans from a foreign land. Once arrived, however, the virus could be sucked from the human victim by local **Aedes aegypti**, or

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Distribution of Aedes aegypti in the Southern United States

the infected mosquitoes from abroad could bite local people, and in either case an epidemic could start. Once a mosquito of the **Aedes aegypti** species has sucked the blood of a human containing the virus, the mosquito itself is infected for life, but does not pass the virus on to its offsprings.

It was the great yellow fever epidemic of 1888 in Jacksonville that led to the formation of the Florida State Board of Health. But it was more than a decade later that the famed Major Walter Reed and his volunteers proved that the disease was transmitted by the **Aedes aegypti.**

DENGUE FEVER

Dengue (DEN-gay) fever, sometimes called "breakbone fever," (aptly named, say its victims) is another acute viral disease carried by **Aedes aegypti.** It causes the usual symptoms of a fever disease and severe pains in muscles and joints. Dengue is common in the tropics all around the world. There were 30,000 cases reported in the Caribbean area in 1963. Florida is fortunate that quarantine and other procedures carried out at our air and sea ports have been successful so far in preventing the importation of this disease. But with **Aedes aegypti** in our own backyards, we live with danger.

THE ERADICATION PROJECT

This ambitious undertaking has already begun in seven southern counties of Florida—with the assistance of federal funds. The Bureau of Entomology of the State Board of Health has overall control of the project. The goal, the complete elimination of this one species of mosquito, can be reached, as demonstrated by 15 Latin-American countries and two United States territories where such a program has been successful. A pilot project in Pensacola over the past several years demonstrated that it is possible to eradicate the mosquito from Florida. Now Manatee, Pinellas, Hillsborough, Palm Beach, Broward, Dade and Monroe counties,

heavily infested Florida areas, are eliminating the **Aedes aegypti.** Other counties in Florida will be carrying out the program in the future. Parts of Texas, Puerto Rico and the Virgin Islands have the same project.

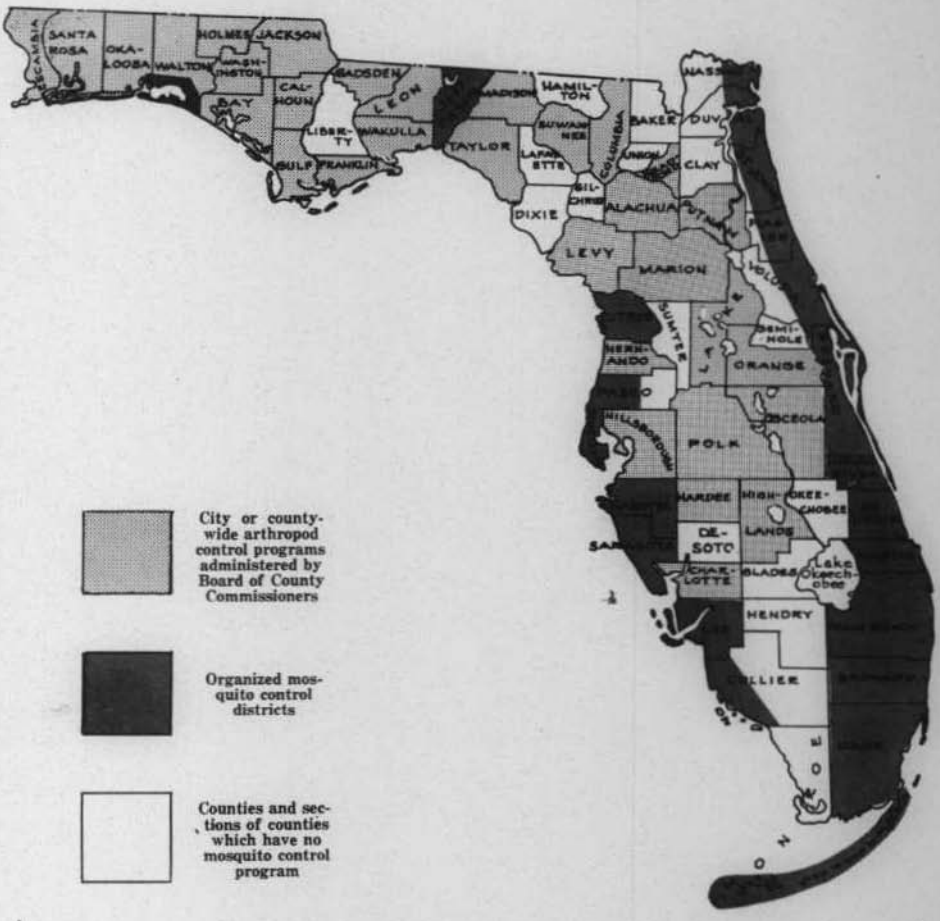
The purpose of the project is not only to eradicate the **Aedes aegypti** so that it cannot continue to threaten United States citizens with yellow and dengue fevers, but also to prevent our exporting the insect to other countries which have rid themselves of this particular mosquito.

HERE IN FLORIDA

The Florida project is one in which professional workers and citizens will have to work hand in hand. The main job to be done is **right around our own homes and business establishments.** The **Aedes aegypti** breeds in all types of water containers, the kind that tend to accumulate if we fail to keep our yards cleaned up and also in such thoroughly respectable places as birdbaths and rock garden fishponds. Tree crotches are even involved at times. But by far the worst offenders—the main breeding places of the yellow and dengue fever-carrying mosquito—are water in tin cans, old tires, plant crocks, basins, boats, barrels and other containers we often let lie about our premises.

SAY "WELCOME"

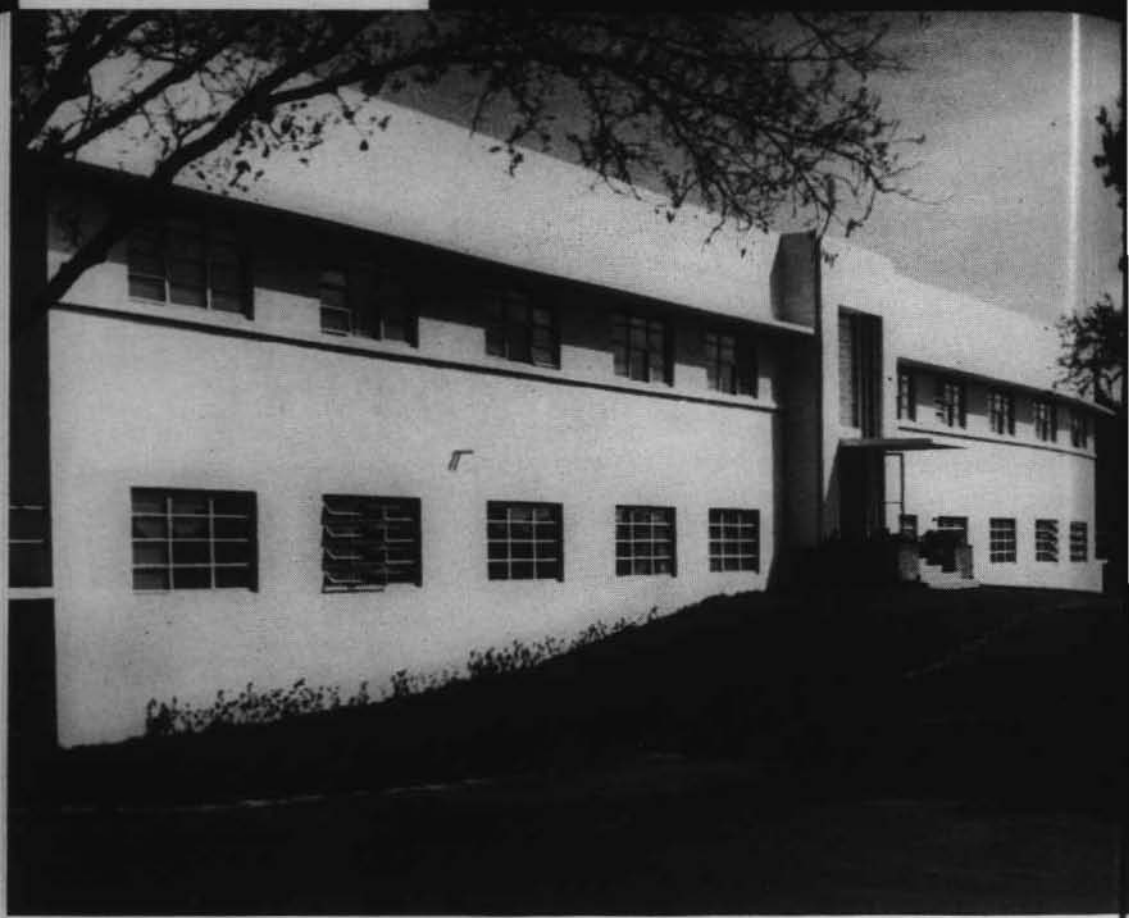
When the program is underway in your area, a uniformed inspector will come to your home and ask for permission to inspect it for **Aedes aegypti**-breeding spots. He will suggest that you go with him on a tour of your yard. He will point out anything that he finds, as a trained observer, that might harbor mosquito larvae. If breeding places are found on your property, he will report your address for spraying by the crews which have been employed for that purpose. A truck will come and its crew will request permission to spray the area with a mild insecticide which is not the same as that used by the aerosol-fogging trucks



MOSQUITO CONTROL AREAS IN FLORIDA

While the Aedes aegypti Eradication Program is a new project to rid Florida of one of the 67 kinds of mosquitoes, control and eradication of these pests have been the continuing work of the Mosquito Control Districts and county arthropod control programs. Millions of dollars are spent each year by the counties, 25 Mosquito Control Districts and the State Board of Health in permanent and temporary control measures. Permanent work consists of filling low areas, cisterns, cesspools and wells; diking and flooding of swamps; dredging and deepening of ditches and vertical drilling to drain off surface water. Temporary measures include fogging by airplanes and trucks, eliminating underwater plants and placing of larvicide pellets in swamps and ditches.

FILMED AS BOUND



The world-famous Entomological Research Center of the Florida State Board of Health at Vero Beach is continually working to rid Florida of mosquitoes and other arthropods. Among other activities, entomologists study the life cycles of these pests; their breeding, feeding and swarming habits; and means of destroying them by chemicals or other methods (such as larvae-eating minnows).

The barrels and co
water which surro
may be the breed
Aedes aegypti mos





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quitoes.





Vases in which houseplants are grown (such as this sweet potato plant) are often breeding places of the yellow fever-carrying mosquito. The jars should be washed out frequently.



Old tires in which rainwater is allowed to collect are a favorite breeding place of the Aedes aegypti.

with which we are all familiar. These men will use a 1¼ per cent water solution of DDT, which has been found to be harmless to pets, birds and vegetation, but finishes off mosquito larvae quickly. Vegetable gardens and fruit trees are not sprayed. The spray is fairly coarse and directable, not a general fog which blankets an area.

An inspection will be made at the end of three months to determine the effectiveness of the clean-up. If **Aedes aegypti** are found, the spraying and clean-up process will be repeated. Surveillance will continue until the area is free of **Aedes aegypti** for a straight three years.

Meanwhile, it will be up to the householder to make sure that he, too, is not breeding mosquitoes **indoors.** Flowerpots, vases or other water containers can serve as breeding areas. Plants should be rooted in vermiculite or sand. Water should not be allowed to stand in containers.

COOPERATION

You can easily imagine what an immense amount of cooperation between the general public and the professional staffs this tremendous undertaking will require. The people running the **Aedes aegypti** Eradication Program realize this, too, and are making plans to bring it about.

In the first place, the mass media—radio, television and newspapers—will be used to inform the people. But it will not stop there. The leaders will hold meetings with clergymen, teachers, civic club leaders and other community leaders to urge them to support and spread the idea. The one simple message they will broadcast will always be the same:

MOSQUITOES NEED WATER IN WHICH TO BREED.

GET RID OF STANDING WATER IN CONTAINERS IN AND AROUND YOUR HOME.



The inspector asks permission of a home-owner to inspect the premises for Aedes aegypti mosquitoes.



The inspector checks an old tire to see if Aedes aegypti are present.

After examining the yard, the inspector gives a copy of his report to the home-owner. He also tells the man how to keep his home free of the yellow fever-carrying mosquitoes.





A spray truck rolls into the neighborhood when Aedes aegypti are found and the spraymen prepare to do their work.



Piles of junk are sprayed with 1¼ per cent water solution of DDT.

The mosquitoes are found in well-kept yards as well as piles of junk. The men also spray under houses where Aedes aegypti often rest during daylight hours.





Portable hand sprays are used in places where truck hose will not reach.

Other Methods Which Can Be Used

The success of the **Aedes aegypti** Eradication Program depends upon the work of the inspectors, spraymen and you—the homeowner.

But there are other ways of controlling mosquitoes which you can use. These are:

- ★ Use your own spray equipment to handle small spraying jobs that may crop up from time to time.
- ★ Keep your garden pond free of vegetation and stock it with minnows that eat larvae.
- ★ Fit 18-mesh screens tightly over water containers that can't be eliminated (rain barrels, etc.); keep birdbaths washed out at least once a week.
- ★ Use artificial flowers in cemetery urns; fill urns with sand so that they will not hold standing water after a rain.
- ★ Fill holes or deep crotches of trees with sand, tar or concrete or other material that will prevent standing water after a rain.

WHAT YOU CAN DO

You can help the **Aedes aegypti** Eradication Program by taking the following steps:

- ★ Become informed about the program and know the facts
- ★ Welcome the inspectors and cooperate with them. Only in this way can we eliminate **Aedes aegypti** mosquitoes
- ★ Do what you can to help the spraymen do a good job if your area has to be sprayed
- ★ Urge your neighbors to be cooperative
- ★ Keep constantly alert to destroy breeding places that may show up after the inspection has been made
- ★ For further information contact your County Health Department or Mosquito Control District.

WHAT THE OLD FOLKS DIDN'T KNOW HURT THEM

"I have seen yellow fever in 21 summers (including 1870) and in every month except February. The elimination of yellow fever from our nomenclature will follow when there is a proper conception of the influence of clothing, bedding and unclean bedrooms as transmitters. The disease is air borne for some distance; the infection is stronger at times and places than at others; whether it is intensity or quantity I do not know; it may be diluted, and transmitted by clothing, bedding and related articles. Hair from the dead has transmitted it; corn sacks, blankets and old newspapers have carried it; mountains of filth will not produce it; they may give it a new nidus or garden from which it goes out 'seeking whom it may devour.' The cleanest town in the South may have a severe prevalence if the people insist on disobeying the advice of the health officials."

Surg. R. D. Murray, **Yellow Fever Bulletins.**
Chapter 1, "Treatment of Yellow Fever" (1898-1899)



When you see a man wearing this emblem, you will know that he is from the Aedes aegypti Eradication Program. Please give him your full cooperation.

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Governor of Florida

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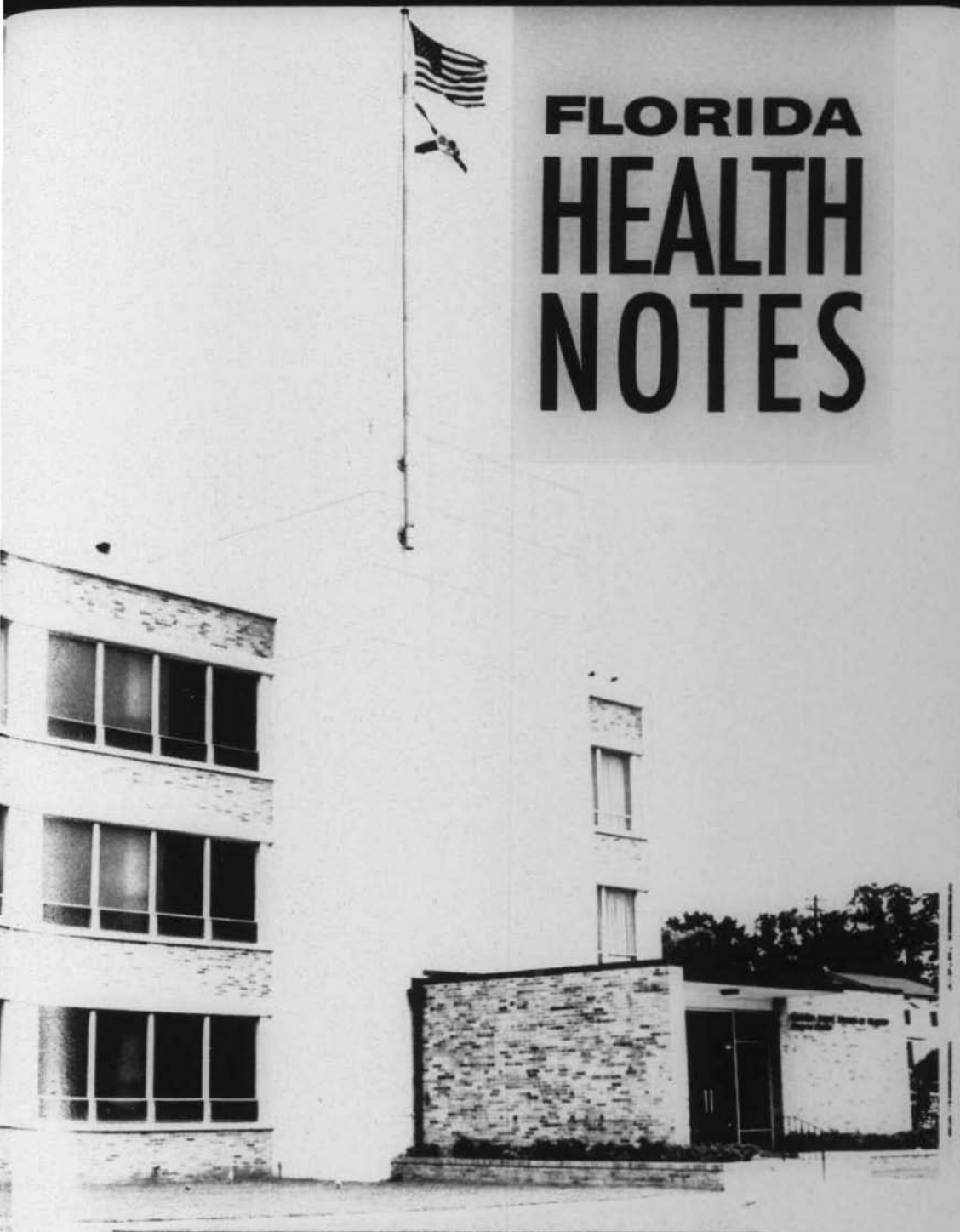
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FLORIDA HEALTH NOTES



VOLUME 57 — No. 6
JUNE 1965

The State
HEALTH OFFICER REPORTS



WILSON T. SOWDER, M.D., M.P.H.
State Health Officer

The State
Health Officer Reports

"I don't often have a chance to report to you personally but as your State Health Officer I'm taking this opportunity to talk a little about what the State Board of Health did in 1964. I think that you, the readers of **Florida Health Notes**, are really concerned about the public's health or you wouldn't read this monthly bulletin. We get out an **Annual Report** each year, but it is full of details that you may not have time to read, or do not interest you.

"The State Board of Health carries on many different activities on its own but most programs are carried out by those members of the State Board of Health's large family — the 67 County Health Departments. We are very proud that each of our counties has a full time County Health Department and that every day they are becoming an even more important part of the communities they serve.

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"Dr. Eugene Peek of Ocala is the **president** of our governing body, the Board of Health, which has five members who serve without pay. Last year, the Board met six times. They discussed a lot of different subjects: revision of regulations for nursing homes, approved the names of nine students to be awarded state medical scholarships, heard a report on the Poverty Bill — and many, many more.

Governing Body

"One of the public health problems you and I are facing today is the necessity for **research.** We need to constantly improve ways to better protect our citizens and visitors against ill health. We have an Entomological Research Center in Vero Beach and an Encephalitis Research Center in Tampa. The first is primarily concerned with **mosquito control** and the latter with finding out more about how **encephalitis** (sometimes called "sleeping sickness") is contracted by human beings. It is thought

mosquitoes

to be spread by birds or animals. Mosquitoes bite a bird, the virus of encephalitis develops in the bird, another mosquito comes along and bites the bird and draws some of the virus into its body which it then injects into a person it bites. But if it is birds that transmit the disease, what species of birds? If animals, which ones? It is a never ending search to find the truth and these are only two of the many research projects which we are pursuing.

sleeping sickness

DOG FLIES

"The big news in entomology (study of insects) was the start of construction of the West Florida Arthropod Research Laboratory at Panama City. This laboratory will study, for the most part, the annoying **dog fly** that makes life miserable for boaters and bathers, particularly on the upper west coast.

Mental Health

"A great deal of time in 1964 was spent in considering the future place of **mental health** within the general public health program. Perhaps by the time you have this **Health Notes,** there will be a separate Division of Mental Health under the Board of Commissioners of State Institutions—the Governor and Cabinet. Whatever the decision of the Legislature, the State Board of Health will always be interested in the total health, physical and mental, of all our Florida citizens.

total health

"There are increasing amounts of **industrial wastes.** We want and urge industries to come to Florida. Many of them use manufacturing processes which have as a by-product some waste material.

industrial wastes

"But where can these waste products go? Into the clean water of our lakes and rivers that we are trying so hard to keep safe and desirable for swimming, boating and fishing? We are trying to help these industries devise new uses for these by-products, learn how to dispose of them without polluting the environment.

clean water

Measles

"There was an unusually large number of cases of measles in 1964, but **no** real **epidemics.** Only 20 to 30 years ago, many outbreaks of various diseases were reported every year.

employees

"We, like many other agencies, had difficulty in locating and retaining highly **trained professional and technical employees** in the field of health. The grass in other fields often looks greener, for Florida does not pay the highest salaries in this very competitive field.

"Approximately 55 **summer students** were employed last year. They were in every bureau and division of the State Board of Health as well as in County Health Departments, mental health clinics and working on special projects. It is hoped that some of them will later consider a public health career. The others will at least have a better understanding of how their health departments protect them.

Summer Students

movies

HEALTH NOTES

"Audio-visual aids, such as movies, were used 17,935 times and this represents only about half the requests that were received. **Florida Health Notes,** which you are presently reading, goes to about 19,000 people each month.

Ill and Aged

"Home care nursing programs, to care for the ill and aged in the home, are now carried on by 47 counties. The public health nurses from the County Health Departments answer calls from anyone, and none are denied service for lack of funds.

teeth

"Seventeen counties were able to have the services of a **dental preceptee** during 1964. These are young dentists who have just graduated from school and are willing to work in a County Health Department for a year or two before setting up their own offices. The need for dentists is great, and the **dental scholarship** law which the State Board of Health administers provides up to $1000 a year for as many as four years for students who promise to practice in an "area of need" after they have graduated. Of the 59 who have received money since this program began, 26 are now serving in small towns or rural areas in Florida.

Scholarships

tests

"The seven **laboratories** of the State Board of Health stay busy, and there is a constant need to expand their facilities as the population of Florida grows each year, so the announcement of new buildings to be built in Pensacola and Tampa was greeted with enthusiasm. There was a total of 2,809,275 examinations done by all the laboratories in 1964, an increase of 7000 over the previous year.

new buildings

HEALTH CENTERS

"Many of the County Health Departments have constructed (or are making plans for) **outlying health centers.** Gone are the days when a large health department had only a headquarters building. We realize that all the people must be served, not just those who live within easy reach of our health facilities in the county seat.

poisonings

Children

"More hospitals are reporting cases of **poisoning** which come to their attention. Two-year-old children continue to lead all age groups with 1578 cases reported. Aspirin, internal medicines, cleaning supplies and kerosene are the things they usually eat or drink. Public health nurses from the County Health Departments try to visit each family where a poisoning has occurred to make sure that the family has learned a lesson and will take precautions that such an accident will not reoccur.

"About 13,000 people completed a **Medical Self-Help** training course in 1964. We hope that a terrible disaster will never occur in Florida but if it does, perhaps many more people will survive because they have had such a course.

Medical Self-Help

food mixtures

"A modern-day problem in the **food processing** industry is the rapid increase in the preparation of convenience or ready-to-eat foods. New food mixtures, food packaging, storage and transportation all present public health problems that will have to be solved.

packaging

"An indication of the increase in the number of hospitals offering good maternal care is seen in the fact that there are now less than 200 **midwives** in Florida. There were nearer 2000 just 15 years ago. However, about 15 of each 100 nonwhite births still occur outside a hospital. Midwives accounted for 84 per cent of these deliveries.

midwives

babies

"Florida's 100,000 **agricultural migrants,** who move up and down the east coast of the United States as the crops ripen, still present many problems to the County Health Departments. Many migrants are sadly lacking in basic knowledge about sanitation, cleanliness and how disease spreads. Some County Health Departments take clinics to them, often in the evenings, setting up facilities near where the migrants live and work.

Migrants

evening clinics

Narcotics

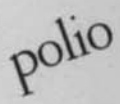
"The hard core of the work of the **narcotics inspectors** is criminal investigations. In 1964, 390 arrests were made for all violations; these included 211 for narcotics, 125 for barbiturates and amphetamines, 27 for pharmacy and six for medical practice. There were 19 persons sent to the state prison hospitals at Raiford and Lowell for treatment of narcotic addiction. These people are not given a criminal record just because they undergo treatment. The idea is to help them break this vicious habit.

addicts

"The **immunization of small babies** against diphtheria, smallpox, whooping cough, tetanus and polio received a great deal of emphasis last year. We know it is infants who are affected so severely by these diseases, and it is unwise to wait to give children the protective shots until they go to school. **Polio** continues its downward trend — only 10 cases were reported in Florida last year. But there is a need for all children to keep up their protective shots if polio and the other communicable diseases of childhood are to be kept in check.









"Reported cases of food poisoning, caused by the germ **salmonella,** continue to be reported in growing numbers. In 1954 only 63 cases were noted; in 1964 there were 1099. In two families the infection was traced to pet turtles.

"The **venereal diseases** continue to increase. There were 2005 cases of infectious syphilis reported in 1964. You will note that I said 'reported' since we know there are many persons with these diseases who never seek any early treatment and so may suffer later effects such as brain and nerve damage. The venereal diseases are a social as well as a public health problem, and each community in Florida will have to accept a major responsibility for their eradication. They cannot be controlled by private physicians and health department personnel alone.

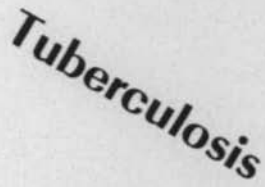
syphilis

social problems

"The State Board of Health now has responsibility for the regulation of those in Florida who use **radioactive materials.** This authority was transferred from the U.S. Atomic Energy Commission in July when they turned over 248 licenses to us. These radioactive materials are used not only by those in the healing arts (such as radium) but also in industry.

Radium

regulations



"I'm happy to report that the **tuberculosis** death rate was the lowest in the history of the state. But there were 1407 new cases reported last year, the majority being admitted to tuberculosis hospitals. As an example of how people are moving into Florida and bringing their health problems with them, 201 known persons with tuberculosis came from other states to live in Florida in 1964.



"**Rabies** is still with us. There were 105 laboratory-confirmed cases in animals in 1964, though none in human beings. Only five of these were dogs and cats. Forty-seven were raccoons and 44 rabid bats. There is no way of telling how many more cases there were in wild animals that live deep in our woods.



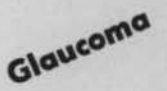
SANITATION PROBLEMS

"**Hurricane Dora** caused lots of problems as she passed through Florida early in September. The lack of water (through pipes, that is) and electricity created many sanitation problems and those concerned with perishable foods. Then two days before Christmas it was discovered that someone had thrown a number of bags of the dangerous pesticide parathion in the Peace River just a few short miles above the water supply of the City of Arcadia. The State Board of Health's engineers and sanitarians swung into action as did the local health department. Fortunately, most of the bags were recovered and no ill effects were reported. It's interesting that everyone becomes excited over this type of **stream pollution,** but some of our streams are being polluted by millions of gallons of raw human sewage every day and no one seems to care — except those of us in public health.

raw sewage

"We know now how to help overcome some of the effects of certain of the **chronic diseases.** Cancer of the uterus and lung, glaucoma, certain forms of heart disease and diabetes are among these. Stroke cases can often be assisted to a great degree to 'return to life,' so rehabilitation has been added to prevention, diagnosis and treatment as another phase of medicine. As we live longer, these diseases will assume more importance each year as more people are afflicted with them. Right now, as you are reading this, every person who is 25 years of age already has 1.5 chronic diseases, whether he knows it or not.







"Hospital Service for the Indigent, which the State Board of Health administers using state funds, spent a lot of money last year — almost $12 million dollars. This includes the million appropriated by the Legislature which is matched by the counties plus another million for the Medical Assistance for the Aged Program. The Public Assistance Recipients Program which provides hospitalization to those on welfare accounted for another five and a half million dollars. Hospital service for those in Florida who cannot afford to pay for it themselves is mighty big business these days.

"Approximately 114,000 babies were born and 56,650 residents died in 1964. **Florida's population** rose to 5,705,000, an increase of 64.8 per cent over 1954. The population increased by about 18,602 people per month, including those who are moving in from other parts of the country.

births

deaths

"Whenever you multiply the population, be it by births or new residents, you multiply the number of public health problems. People can't live close to each other without compounding the problems of sanitation and disease. Florida is fast moving from a rural to an urban state with all its attendant problems.

rural to urban state

"I could have talked about at least 50 more public health problems, all of which are important to the well-being of Florida's people. But the ones I have described are enough to give you a rough idea of what we were concerned with last year. It takes lots of money (over $27 million in 1964) and lots of hard work by many trained people to prevent disease and promote health. We hope you will continue to be interested in what your State Board of Health and County Health Departments are doing."

Your Continued Interest

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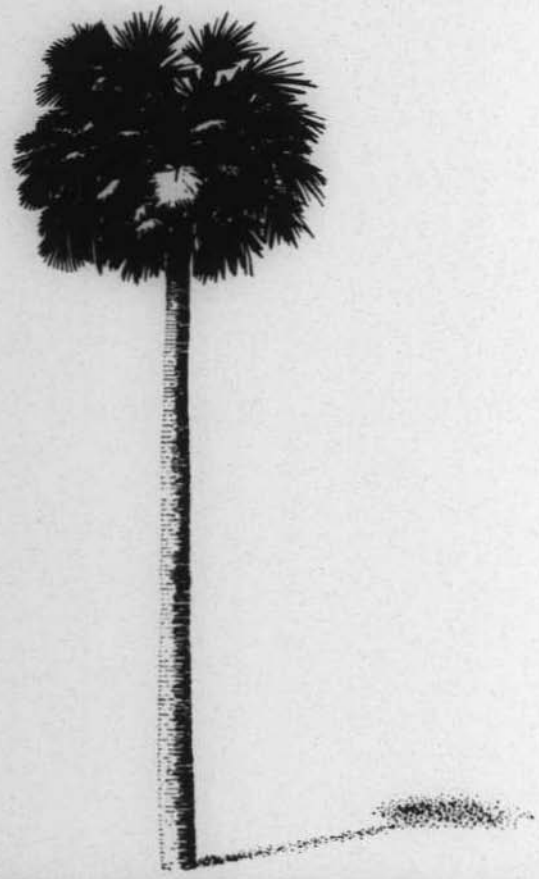
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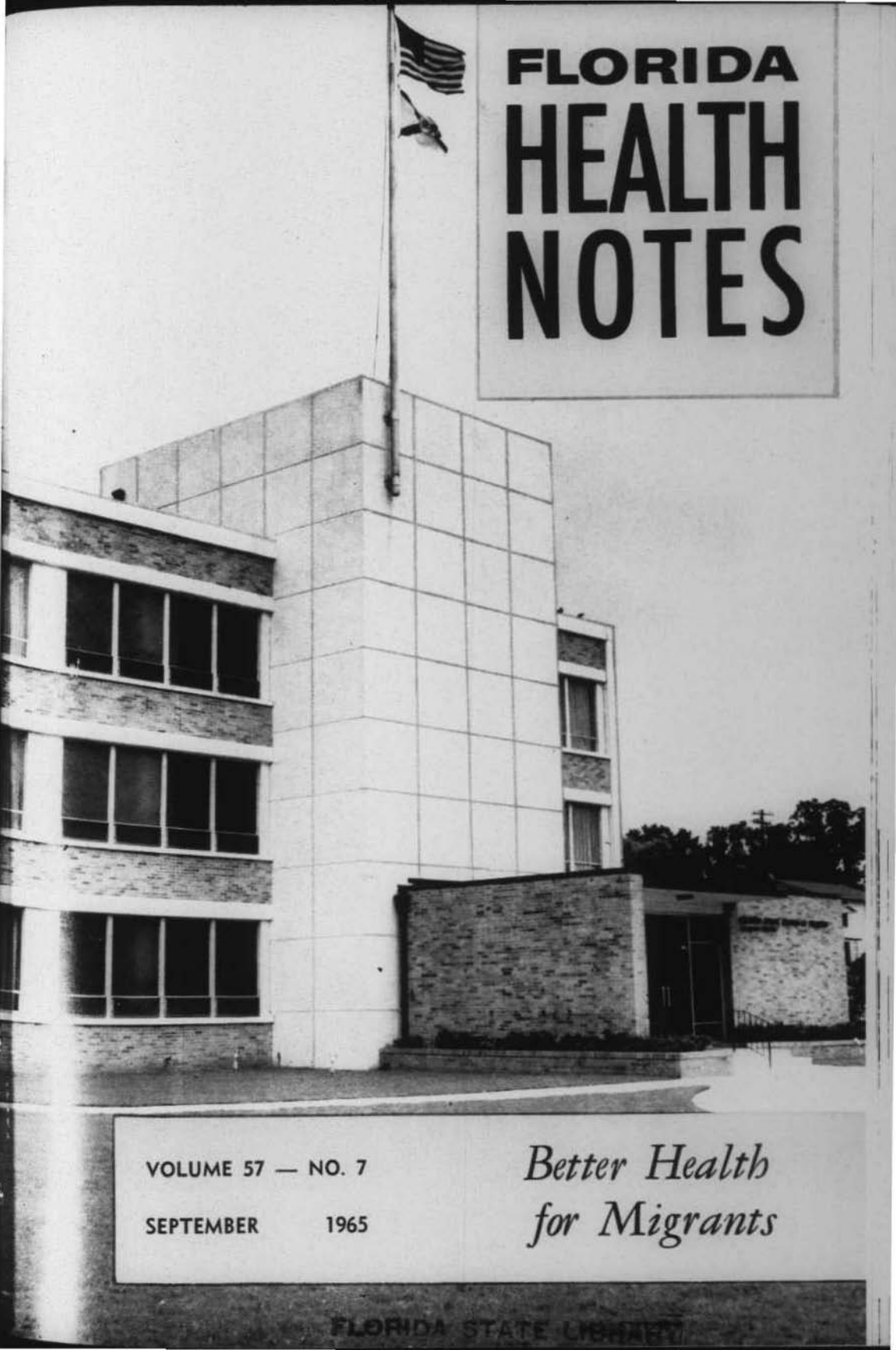
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FLORIDA HEALTH NOTES

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Better Health for Migrants

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BETTER



Most of the work done by migrants, such as harvesting beans, is "stoop labor."

HEALTH

FOR

MIGRANTS

There are approximately 100,000 persons who drift into Florida early each winter along with the first chilly breezes. They're not tourists. They sometimes don't know where they will get their next meal. They may live in tents, shacks or packing boxes without adequate sanitary facilities. They have very little money, education or hope. Yet, millions of dollars of Florida's economic wealth are dependent upon them. **These people are migrants.**

Migrants are people who earn their living by harvesting crops in different states at different seasons of the year. Each winter millions of dollars worth of truck and citrus crops and sugar cane mature in South and Central Florida. If agricultural workers were not available in sufficient numbers, beans would spoil on the vines; tomatoes, celery and potatoes would rot; and oranges and other citrus would become over-ripe. There would be a shortage of fresh fruits and vegetables for the nation's markets, and businessmen in many of Florida's communities would lose a great amount of money.

While migrants are needed by Florida's economy, they suffer the disadvantages of a mobile existence. Some of these disadvantages are

the lack of medical care, good housekeeping, adequate diet and continued schooling for children. These people face long journeys in unsafe vehicles, long hours with low pay and an uncertain future. This issue of **Florida Health Notes** will tell you about migrants and what the State Board of Health and the County Health Departments are doing to assist these people to better health and an improved way of life.

BECOMING A MIGRANT

There are several reasons why people are migrants. Most of them were at one time agricultural workers from the rural South. But they lost their jobs in their home communities because the land could no longer support them, farms on which they worked became mechanized or were sold, or the land was placed in the soil bank. Other persons (especially young people) became migrants simply because there was no work at home. Other sharecroppers became migrants because they had heard about the "fast life" the migrants lived or because they preferred the nomadic way of life.

Let's take as an example a typical migrant family—the Miggs.

The family, composed of a father, mother, two teenage sons, several smaller children and a niece, left their home in a southeastern state and joined the migrant stream because the farm which they worked as tenants could no longer support them. When they heard from a labor recruiter that they could "make $25 to $30 in a few hours picking beans," they packed their few belongings in the old truck and set out for Florida. Once in the Sunshine State, they found their dreams of sudden wealth vanish. Work and housing were scarce, and the Miggs discovered themselves stranded in South Florida with little money and only day work available.

FLORIDA HEALTH NOTES

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Most of the migrants who come to Florida each winter are Negroes. There are also a number of Mexican-Americans from Texas, Puerto Ricans, American whites and several thousand workers from British West Indies who are brought into Florida under contract to harvest such specific crops as sugar cane.

Most of the migrants have little formal education. Many are illiterate while a few finished elementary school or attended high school. Because of the lack of an education, migrants find themselves not capable of understanding the numerous problems they meet; they are unable to find work that would bring an adequate wage; and they are helpless to lift themselves out of the hand-to-mouth existence in which they are trapped.



acking adequate fa-ilities, this migrant other washes her oungster's head in a alvanized tub.

LONG HOURS AND LITTLE PAY

When the Miggs became migrants, they had no idea of the rigorous work they would find in the bean fields. Whereas they had worked for one man back in their hometown and found some degree of dependency and security, they found as migrant laborers they seldom worked for one grower for any extended length of time.

Most of the work is stoop labor—harvesting beans, celery, peppers, tomatoes, strawberries, etc. The harvesting of crops and the amount of work available to the Miggs and other migrants are dependent upon the market price the grower can get for his produce **and the weather.** If the grower is liable to lose money by harvesting his crops, he may plow them under. Crop failure due to drought, freeze or blight could wipe out all hope of work for the migrants and their meager income would be even less. A surplus of workers may also force down the migrants' earnings.



After a long day, migrants line up to receive their pay.

The Miggs work long hours. The father, mother, older sons and some of the younger children are in the fields when the sun comes up and often do not return to their temporary home until night. The niece stays with the very young children. While working in the Lake Okeechobee area, members of the family work on a day-by-day basis. Each morning at 6 o'clock they go to the loading zone in Belle Glade where they hear the truck and bus drivers shout the wages the growers are paying that day to harvest vegetables. Once they have decided what they want to pick, the Miggs climb aboard the vehicle and head for the fields.

Low wages are a part of the migrants' life. During an average day, they can make from $7.00 to $8.00. Harvesting celery may bring about $1.00 a row; bush beans pay 70 cents a hamper; sweet corn, seven cents a package; tomatoes, 14 cents a ⅝ bushel bucket; and citrus, 20 to 25 cents a box. When they are working dayhaul in Florida, the migrants pay 50 cents for transportation to the fields. Sometimes when they arrive in the fields, the harvest is so light that the migrant can barely pay for his transportation and lunch.

NORTH IN THE SUMMER

When the season ends in Florida—May or June—the migrants begin to head North through the Atlantic Coast states. One year the Miggs signed up with a labor crew leader who had negotiated contracts with growers in Virginia, New Jersey, Pennsylvania and New York who had crops to be harvested. The crew leader tried to enlist all of the needed labor before leaving Florida. He had such duties as transporting the crew north in an old bus, settling arguments within the group, handling difficulties with outsiders, trucking workers to the field, supervising the paying of wages and acting as adviser to the families in his crew.

Another year the Miggs migrated North on their own. This trip was not satisfactory, because their old truck broke down several times en route and work was not easily forthcoming. Some of the migrants can make money on their summer trips north but many times, due to

accidents and misfortune, they arrive back in Florida with less money than when they started.

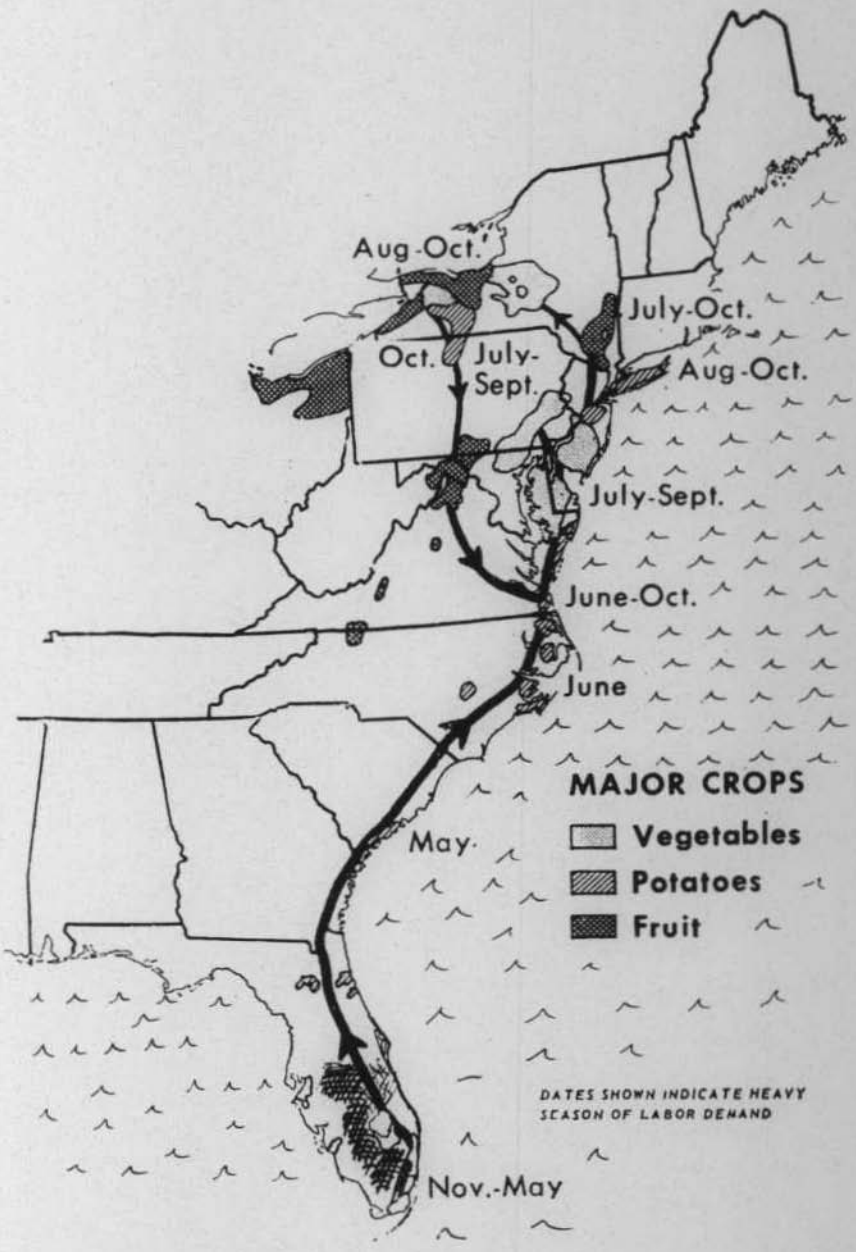
The Miggs spend about six to eight months in South Florida where the land is fertile and the season long enough for the farmers to grow three or more crops a year. May and June find them harvesting strawberries and potatoes in the Carolinas. From July through October they pick truck vegetables and fruit in Virginia, New Jersey, Maryland, New York, Pennsylvania and West Virginia. Late in October, the Miggs head for Florida, but often there is no work for several weeks. Because of the interstate nature of their migration, the Miggs are the residents of no particular city, county or state. They are considered ineligible for many benefits the permanent residents receive. The lack of legal residence does not keep the Miggs from placing their children in school or receiving public health services, but they are not able to qualify for welfare assistance and other social benefits. The Miggs and other migrants are often considered a "necessary evil" by many local people—yet they are needed in the flourishing community.

PEOPLE IN NEED

Because they are in a location for only a short time, the Miggs family develops few community ties and takes no interest in the community. They may know the man from whom they buy their food, the grower for whom they work and the local bartender who sells them cheap wine.

Migrants often don't know when they should seek medical assistance. They work long hours and are tired at the end of the day. They seek help only when they see blood or when they "feel" sick. They may not feel sick and therefore they cannot understand that hookworms or roundworms are harmful to them—because they can't see the parasites. Diarrhea, infections and respiratory diseases are common among these people.

Proper medical care is something the Miggs have never been able to afford. If one of the family has a cold or an illness not requiring hospitalization, Mr. Miggs may seek help from the crew leader or the



After spending the winter in Florida, the migrants move north along the Atlantic Coast to harvest other crops.





Offshore workers (left) cut sugar cane in a burned-over field. They live in barracks (above) which are provided by the grower. These differ from the average migrant family housing.

Offshore Laborers

Each year about 8000 to 14,000 workers are brought into Florida from the British West Indies to harvest such crops as sugar cane or tropical fruit. The work of cutting cane is particularly arduous and calls for skills which many of the American migrants do not have. Therefore, growers bring in men under contract with the British government. The contracts require good medical care, proper housing and sanitary facilities for the men, and the County Health Departments and the State Board of Health cooperate in inspecting and licensing the facilities for these workers.

farmer for whom he is working. If these men are properly informed and can give the right information, Mr. Miggs may take the sick member to the public health clinic. Or the Miggs may learn of the clinic by the "grapevine." But sometimes this form of communication breaks down and the migrants will misunderstand who is eligible to attend the clinic or the purpose for which it is held. Once the Miggs have been to the clinic and lose their fears of doctors and nurses, they may go back when they are sick or "need to talk to someone."

The Miggs suffer from lack of proper foods. They don't know about balanced diets, nutrition, etc. Many of them have no experience in cooking the vegetables they harvest. Shortage of space and limited equipment in their quarters make adequate preparation of food almost impossible. Mrs. Miggs usually serves fried fish, grits, collards and bread for breakfast. Food in the fields may consist of a meat sandwich and a bottled soft drink purchased from a lunch truck. When she returns from the fields in the evening, Mrs. Miggs usually is so tired that the late meal consists of canned foods and soft drinks.

The children, if they are not in school, eat breakfast leftovers or have nothing between breakfast and supper. Daily trips to the store are necessary because of the lack of a refrigerator; the only cooking utensils are a couple of frying pans; and the stove is a two-burner hotplate or kerosene stove. If the Miggs do not have money to buy food when in the Belle Glade area, they live on fish from the canals and abandoned vegetables from the fields.

MIGRANT HOUSING AND SANITATION

Migrant housing has continually improved over the years through the coordinated efforts of the County Health Department and the State Board of Health. For some 20 years, sanitarians have worked on upgrading migrant camps but until the licensing law was passed in 1959 enforcement activities were very limited and improvements were difficult to obtain. Now the County Health Departments and the State Board of Health are authorized to inspect and license camps which house 15 or more migrants. Another state agency (the Hotel and Restaurant Commission) licenses such places as migrants' boarding

houses. In 1964, there were 247 licensed camps in Florida as compared with 167 such camps in 1960.

Plans for new or renovated camps are approved by the County Health Departments. The new camps may include bathroom facilities for the exclusive use of each household. Adequate space, good lighting and ventilation and safe water supplies are provided. A few camps are installing sewage treatment plants which are approved by the State Board of Health.

Living quarters can be very poor where they are not required to be licensed, where camps are illegally operated or where local ordinances are not enforced. Dwelling space may be limited; families large; and most of the families have only one or two rooms. When the Miggs are late in arriving in Florida, the better housing is taken and they have to live in condemned housing, tarpaper shacks along the canals, in the remote canebrake or even in packing boxes. If there are cracks in the floors, walls or ceilings, the migrants stuff them with newspapers or line the walls with pasteboard cartons. When the Miggs move into such places, they are often ordered to move by the landowner, County Health Department sanitarian or the police.







The modern farm camp (above) is a great improvement over the condemned living quarters of some migrant families (right). Behind these homes were piles of rubbish (opposite page).

Since the Miggs left their farm home, they have been in the migrant stream for several years. They would like to settle down and call a place "home," but have neither money nor the knowledge of how to get out of the stream. Each year they come back to Florida with hopes of staying, but in the spring they hear about the offers to pick vegetables "up North" and they join a crew heading up the Atlantic Coast.

HELP FOR THE MIGRANTS

Migrants have health problems that are common in every low socioeconomic group plus a few that are exaggerated by their nomadic





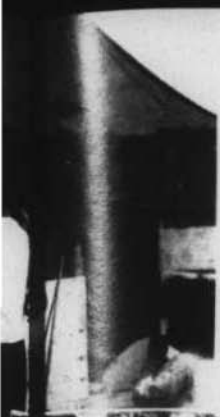


MIGRANT CLINICS

Clinics for migrants are held in a variety o and health centers (above). A migrant for the records (left); a social worker talks amines a young patient in a trailer clinic (at the Immokalee Health Center (right) an in a prenatal clinic. Another mother has he County mission (below).













ariety of places, such as trailers, outdoors migrant family gives a clerk information ker talks to a young mother; a physician ex- clinic (below left). The waiting room is full right) and an expectant mother is examined r her chest checked at a clinic in a Lee





way of life. They need medical and welfare assistance at times—no matter in which state in the Atlantic Coast migrant stream they might be working. Because such assistance has not always been available to nonresidents or because the migrants don't know where to go for help, they are often ignored. For years everybody knew the migrant health issue was a pressing problem. Some of the County Health Departments and the State Board of Health were trying to do something about it.

An intensive study of the migrant problem was begun about 10 years ago when the Children's Bureau of the U. S. Department of Health, Education, and Welfare began financing a program which supplied health services for migrants in Palm Beach County. A few physicians, public health nurses, sanitarians, social workers, nutritionists and a health educator worked on the pilot project to see what could be done for these unfortunate people. Other programs, involving a few public health nurses and sanitarians, were being carried on in Collier, Dade and Broward Counties.

Immunizations were given to children; mothers received prenatal and postpartum care; families were given physical check-ups (including chest X rays and such laboratory tests as urinalysis, stool examinations and serologic tests for syphilis). A plan for the delivery of babies in a hospital was worked out at a price migrant women could afford.

UNDERSTANDING THE MIGRANT

Despite years of working with the migrants, public health workers find they really know little about how a migrant thinks and acts. In many instances, methods which have worked with other groups have only alienated the migrants.

One of the problems involved in working with the migrants is their short residency in the state. Because they may move to another town—or even state—without notifying anyone, public health workers find that it is nearly impossible to determine what medical care the migrants have received. At one time, attractive plastic bags were given to migrants in which they were to keep their birth, health and school rec-

ords, insurance policies and other documents. However, the migrants started using these bags for diapers instead of preserving records.

Even where there is no language barrier, communicating with migrants is not easy. Public health workers find that migrants tend to give answers they feel the public health worker wants, and this makes it difficult to get the true feeling and accurate response of the migrants. Often the meaning of a question asked by the public health nurse is misinterpreted by the migrant because the two have different backgrounds and experiences.

A migrant woman may be asked, "How many children do you have?"

She may reply, "Six!"

But some of her children may be living with relatives and not counted as part of the six, and the woman may include some who live with her but are not her own children.

Where there is a language barrier (as with the Spanish-speaking migrants), the County Health Departments often have an interpreter who works with the physician or nurse.

There are many health and other services available to the Miggs family and other migrants in Florida today through the coordinated efforts of community groups, the Christian Migrant Ministry, some of the County Health Departments, the State Board of Health and other state agencies (such as the Florida Employment Service) and the U.S. Public Health Service and other federal agencies and programs (like the Economic Opportunity Act).

The Christian Migrant Ministry, which is composed of a number of church groups, operates a day care center in Immokalee, takes an interest in legislation affecting migrants and provides emergency assistance during crop failures. The Florida Employment Service helps the migrants to find work. The Economic Opportunity Act, among other activities, is being set up to develop programs which will educate illiterate migrants, provide day care centers for children and promote better housing and sanitation through low interest loans.

Migrants do not plan in detail, and there are few situations in which migrants plan beyond the present or immediate future. They can be assisted in preparing for the future, and often a public health nurse or social worker has to help a pregnant migrant woman plan for the delivery and care of her baby.

In addition to the lack of "knowing" the migrants because of their mobile status and communications barriers, public health workers have difficulty in getting the migrants to accept health services which are available. They work long hours for low pay and cannot afford to stop work to attend a day clinic. Migrant women cannot bring their babies in one day to attend a well-baby clinic and then come back another day for a prenatal clinic.

Most migrants have no knowledge of how diseases are spread, and many sick individuals may be walking around with chickenpox, mumps, measles, diabetes or heart trouble. They go to clinics only when they "feel" sick. They might know that immunizations are good for their children, but few migrants make an effort to have their children receive

A Problem for Hospitals

There is no broad hospitalization program. Sometimes hospitals refuse to admit a migrant because he cannot pay. Those hospitals that do admit migrants frequently have to absorb the cost of caring for them because of the lack of a hospitalization plan and the low income of migrants. One private hospital had to take a $60,000 loss because migrants were not able to pay for medical help. One migrant, who had a lengthy stay in one hospital, was able to pay only $1.50 on a $2300 medical bill. In community hospitals, these losses are passed on to the taxpayers; patients are sometimes charged more in private hospitals to make up the loss in caring for migrants.

Migrant project workers and hospital officials hope that federal funds may be released in the future to pay migrants' hospital bills.

Some of the services available to migrants in most counties include:

Prevention of Disease

by immunizations, prenatal and postpartum care, physical examinations, advice on nutrition and child spacing, cancer cytology examinations, chest X rays, laboratory services, mental health care, nursing follow-up, epidemiological services, health education and protection in housing and sanitation;

Treatment of Diseases

such as tuberculosis, venereal diseases, intestinal parasites, rheumatic fever and diabetes, minor and emergency treatment of accidents and nursing care for the sick in the home;

Rehabilitation

of adults through vocational guidance and help for crippled children.

the necessary polio, tetanus, whooping cough, diphtheria and smallpox inoculations.

Migrants may not seek health services because the various states in which they work may offer different services or none at all. Where one state may send public health nurses to the camps to assist the migrants in seeking health services, another state in which they work may make no provisions for their health. These situations can confuse the migrants, and they give up and do not seek medical or welfare assistance.

TODAY'S MIGRANT HEALTH PROJECT

In 1964, the State Board of Health received federal funds to start a statewide assistance project for migrants. Thirteen counties, which have approximately 40 per cent of the migrants (Alachua, Broward, Collier, Highlands, Glades, Hendry, Lee, Orange, Polk, Manatee, Sarasota, Putnam and Flagler) are participating in the project. Dade and Palm Beach Counties, with an additional 35 per cent of the migrant population, have their own projects supported in part by the Children's Bureau and the U. S. Public Health Service.





The Christian Migrant Ministry operates a day care center for children in Immokalee (above) while the Salvation Army, in cooperation with other volunteer organizations, runs a similar facility in Belle Glade (left).

The federal funds provide personnel—public health nurses, physicians, sanitarians, health educators, social workers, nutritionists and clinic-aides. Also, equipment and medications are furnished and physicians' and dentists' fees are paid in areas where clinics are not available.

Clinics for migrants are held at a variety of places—in churches and trailers, at packing houses and camps—or even in the open field. Many are combination clinics with well-baby, prenatal, postpartum, immunization and general health services being given at one time. Night clinics are scheduled in rural areas where migrants cannot leave their work during the day to seek medical help. Emergency dental services are available in some counties.

NURSES AND SANITARIANS

The two classes of public health workers that have the most direct contact with the migrants are the nurses and sanitarians.

During a single day a **public health nurse** may give immunizations to a group of children, read a tuberculosis skin test, arrange a chest X ray, give advice on child spacing to a young mother with too many children, visit a sick migrant in his quarters, send a stool specimen to the regional laboratory, discuss with the sanitarian the problems of a camp where diarrhea has been occurring, treat a cut hand, consult with the County Health Officer about a migrant woman who has been diagnosed as having cervical cancer and a hundred and one other similar duties.

The **sanitarian** carries on a continual campaign for better housing and sanitary facilities. Because good private housing is hard to find in a rural community, migrants often move into condemned housing once the sanitarian's back is turned. These shacks are usually built of rough lumber or tarpaper, surrounded by piles of rubbish and infested with in-

sects and rodents. If sanitary facilities are available, they usually consist of a rough privy and there is no place to take a shower or bath. Drinking water frequently comes from a rusty pump.

THE GROWERS' AND COMMUNITIES' RESPONSIBILITIES

While the growers make their profits directly from the crops harvested by the Miggs and other migrants, some of them feel they have no responsibility for the workers nor do they have a high regard for migrants as human beings. Efforts are being made by the County Health Departments, the State Board of Health and other agencies and organizations to persuade the growers to view healthy migrants as a financial investment. When migrants are in poor health, the growers can lose many man-hours at a time when their crops are ready to harvest. Migrants who have pleasant and healthy surroundings, medical care and good relationship with their employers, work better, are happier and can produce more for the grower.

Some growers take an active interest in the people who work for them. Others feel that they need only to provide the migrants with housing—and then they have met their obligations. Because of the shortage of housing or quarters (which may not meet minimum standards of the Sanitary Code) and the attraction of city living, more migrants are moving from farm camps into the neighboring communities.

Some communities can absorb a certain number of migrants but the influx of many thousands of persons puts a strain on migrant-community relations. Some communities have established housing for migrants by the use of federal funds. Other communities have made no effort to provide good housing in any quantity.

THE HEALTH INDEX REFERRAL SYSTEM

An important part in providing health assistance to the migrant is knowing what services he has received in other states or County Health Departments. If Mrs. Miggs (the migrant woman in our story) is ex-



Frequently the public health nurse has to visit the migrant laborer's home to make sure his family received the necessary medical care.

pecting a baby, she may be seen at a prenatal clinic in New York State. The physician and public health nurse in Florida may wish to know what health services she received "up stream" and Mrs. Miggs, because of the lack of education, is unable to tell them.

Different systems of transferring information on health services have been tried. The U. S. Public Health Service uses a health card system but the migrants often lose the cards en route to their next destination. The Florida State Board of Health has developed the Health Service Index Referral System which can transfer health service information from one health department to another without burdening the migrants with carrying messages or health records.

Most migrants know the names of the city or town and the stat to which they are moving and approximately when they are going. B using a system developed from the Zip Code of the U. S. Post Offic Department, a public health worker in New York State can send in formation to the health department in the Florida city to which Mr Miggs is moving. Mrs. Miggs is given a card telling her to go to th County Health Department when she arrives at her destination. I she loses the card, the migrant woman can go to the post office and ask where the health department is located.

If Mrs. Miggs fails to show up at the health department within a specified time, the public health nurses, who will have received the information from New York State by mail, will start to look for Mrs. Miggs to make sure that she continues her prenatal care. This system fails only when Mrs. Miggs moves to another community other than the one to which she had intended.

HELP FOR THE ASKING

Florida is providing more and more health services for migrant laborers, but until the migrants avail themselves of the services they will not realize the benefits of good health.



It is certain that the Miggs possess some of the same health problems they had as permanent residents of a community. These problems were brought into the migrant stream and complicated by the nomadic way of life. The Miggs differ from Florida's permanent residents of the lower socioeconomic level only in that they are less aware that there are answers to their problems.

The Miggs and other migrants must be educated so they can understand their problems and better the situations in which they find themselves. The aim of the migrant project is to provide the same health services for this special group that are furnished permanent low income residents of the state. It is hoped that with better health, the migrants can become more productive people with an improved way of life.



open campfire ay be the only ace to cook in a nt camp (right) d sanitary facili- s may consist of privies (opposite ge).

Since the program began, infant deaths among migrants in one project county dropped from 12 deaths to one in a year's time, probably because of better health care for mothers and children.

The migrants spend six to eight months in Florida each year. During this extended time, the state has more opportunity to help these people than the other states of the migrant stream. Since part of our economy is dependent upon the labor they perform, we are obligated to help them to better health and a better way of life.

Migrant Health Coordination

A former sanitarian is working as a migrant health coordinator to bring together the health activities of the State Board of Health and the County Health Departments with the work of other agencies and organizations which are involved in helping the migrants. This work includes:

keeping the federal and other state agencies and lay organizations informed of the progress of the migrant project,

maintaining close contact with the County Health Departments to make sure they hold to the requirements of the migrant health project,

making new counties which come into the project aware of the expanded services they can offer migrants, and

sustaining a continuity of health services throughout the state.

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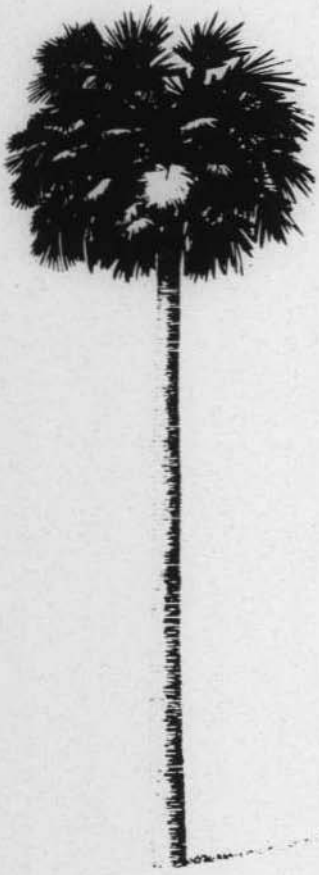
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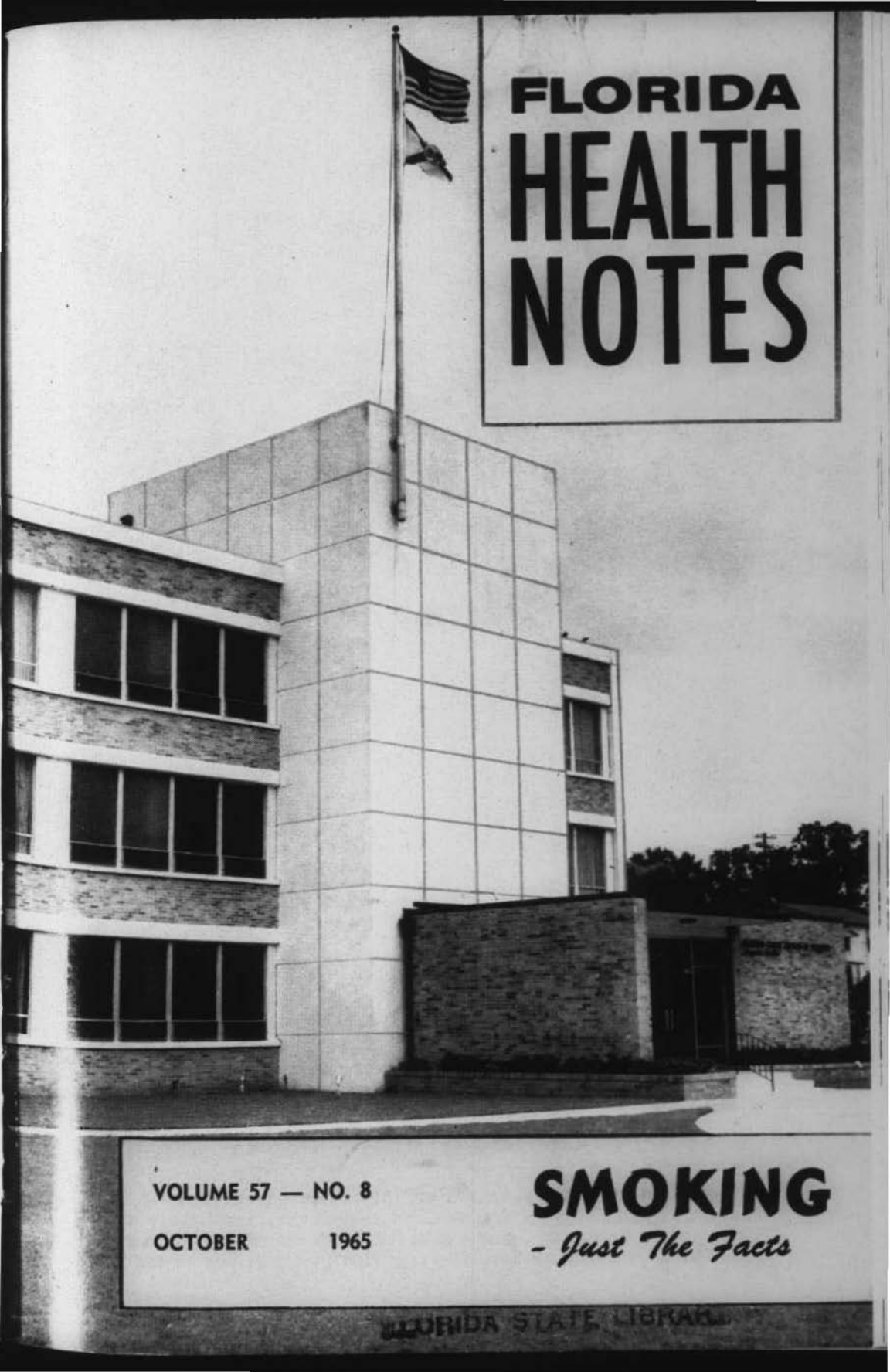
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FLORIDA HEALTH NOTES

VOLUME 57 — NO. 8

OCTOBER 1965

SMOKING

- Just The Facts

FLORIDA STATE LIBRARY



This young lady is a potential victim of heart trouble, lung cance chronic bronchitis, emphysema, or some other respiratory diseas She represents the age group that the State Board of Health and t Florida Committee on Smoking and Health are trying to reach wi their programs.

SMOKING
- Just the Facts

Would you buy a product that was advertised with the following slogan:

Leaves a bad taste in your mouth!
Smells up your clothes!

Makes your breath foul!
Gives you a sluggish feeling!

Discolors your fingers and teeth!
May damage your health in many ways!

This product seems to slow the learning process and achievement of some students and may affect the weight of unborn children.

Of course you wouldn't buy such a product.

Yet millions of people are buying cigarettes every day. It is a billion-dollar business. According to the American Public Health Association, if present smoking patterns continue, one million of the children now in elementary schools will die of lung cancer before the age of 70. The money spent by parents on the purchase of cigarettes may deprive many of these same children of college educations.

Perhaps *you* don't smoke but you know people who do. Many of them are not aware of the danger to their health. We can't force these people to quit but we can present the facts as to why they should stop. This issue of *Health Notes* will tell people why they should not begin to smoke and if they do—why they should check a habit that medical science has proven injurious to their health.

Why People Smoke

Just why do people smoke? There are many reasons. Teenagers identify themselves with their parents who smoke by trying to imitate them. Smoking in many schools used to be a status symbol and young people begin to smoke in an attempt to become more like adults. Another reason involves the satisfaction of an individual's basic social-psychological needs, such as security, which manifests itself in a form of "adult thumb-sucking." As for adults, many of them started before they knew the facts and smoking has become such a habit that they find it difficult to stop. The effects of smoking may not show up immediately so many smokers are unaware of the damage that is being done to their bodies over the years as they continue to smoke.

A Long-Established Custom

The use of tobacco is a long established act. During one of Columbus' journeys to the New World, he discovered the Indians using tobacco. The plant was introduced to the Indians by their priests, and the natives held the weed sacred and believed the spirit of the gods rose in the smoke. During religious ceremonies smoke was blown to the four points of the earth in recognition of its social character. The medicine men used tobacco in the cure of sick children and the protection of warriors. It was commonly thought that tobacco posed great curative powers for such diseases as bronchitis, asthma and rheumatism.

Columbus' crew noticed that some of the natives in Cuba smoked rolls of dried tobacco leaves wrapped in corn husks. The Spaniards substituted paper for the wrappers and perhaps this was the beginning of cigarettes. Tobacco was introduced in Europe in

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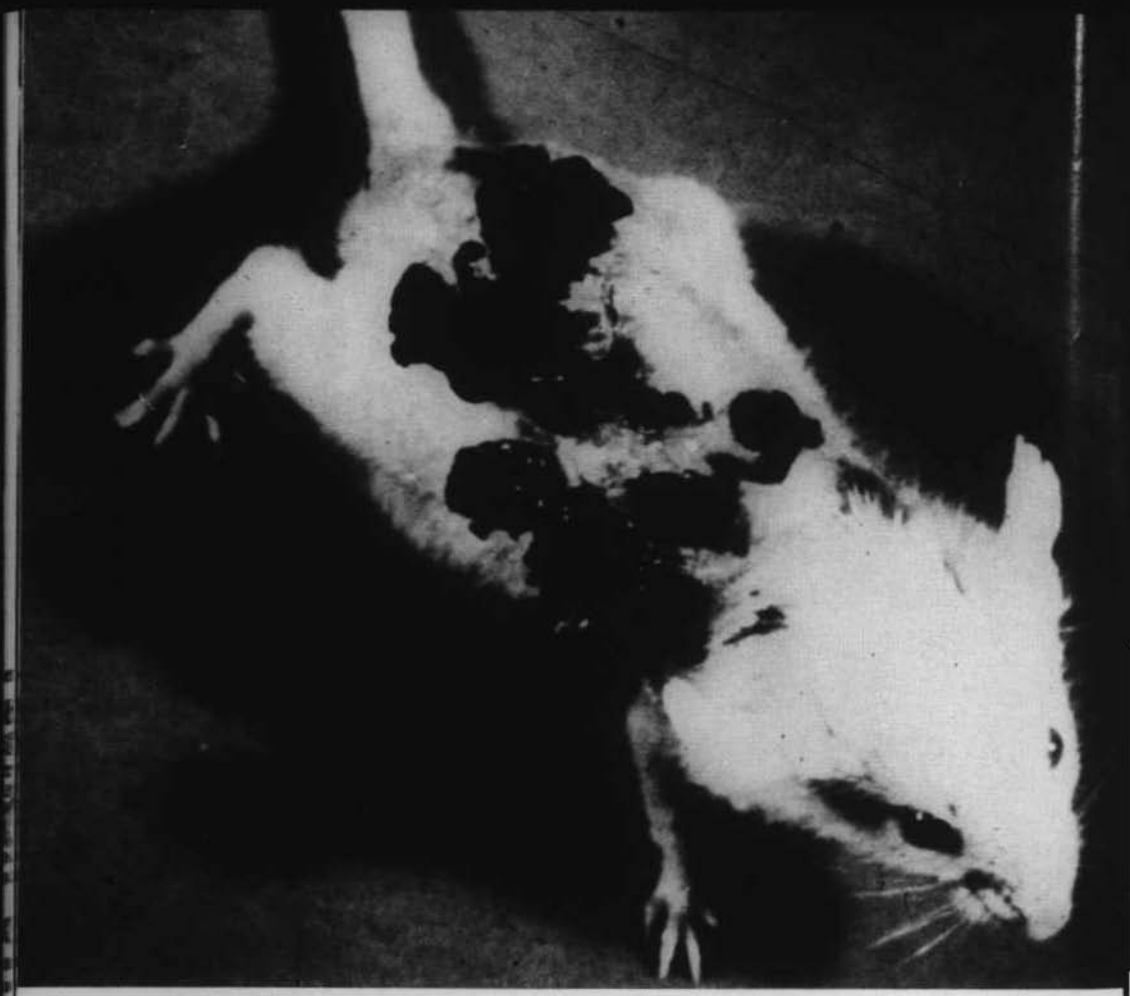
VOLUME 57 — NO. 8 **OCTOBER 1965**



Cigarette smoking is an everyday fixation that is a definite health hazard.

the 16th Century and the cultivation began in American during this time. By the 17th Century, the tobacco trade had become big business as indicated by the 20,000 pounds shipped to England by the American colonists in one year.

In Portugal and Spain tobacco was used more for medicinal value, but in England it was used from the first for its pleasures. Smoking, however, was an expensive social practice which only the wealthy could afford to enjoy.



The back of this mouse was painted with cigarette tar which induced skin cancer.

Meanwhile, the new social practice was satirized in the popular plays of the time. It is said that the first man to smoke in Europe was later imprisoned for the "devilish habit." Even King James I of England denounced the extravagant pleasure by publishing his *Counterblast to Tobacco*. He concluded, "Smoking is a custom loathsome to the eye, hateful to the nose, harmful to the brain, dangerous to the lungs, and in the black stinking fume thereof, nearest resembling the horrible Stygian smoke of the pit that is bottomless."

In other countries restraints placed on smokers were not as light. Chinese decrees threatened decapitation for those caught smoking. The Russians set up deportation to Siberia as a fitting punishment – along with torture

and death. Several popes in this period passed bans and threatened excommunication for offenders. Rulers soon came to realize, however, the economic value of the plant and decrees gradually were relaxed.

The Cigarette

During the Crimean War, English and French soldiers were exposed to cigarettes by the Turks and Russians. Officers introduced this form of smoking into London clubs. It was less expensive to roll one's own cigarettes than buy ready-made cigars which had been popular up until this time. About 1867, production began in the United States even though the cigarette lacked acceptance in good society, and by the time of World War I the Commander-in-Chief of American troops cabled to Washington, "Tobacco is as indispensable as the daily ration; we must have thousands of tons of it without delay."

Rules for Smoking

The parents of one teenage girl, who felt that she had to smoke to be one of the gang, popular with the boys and adults, set down this set of rules:

She should not sneak around to smoke but do it openly at home, on the street, at school and other places where permitted.

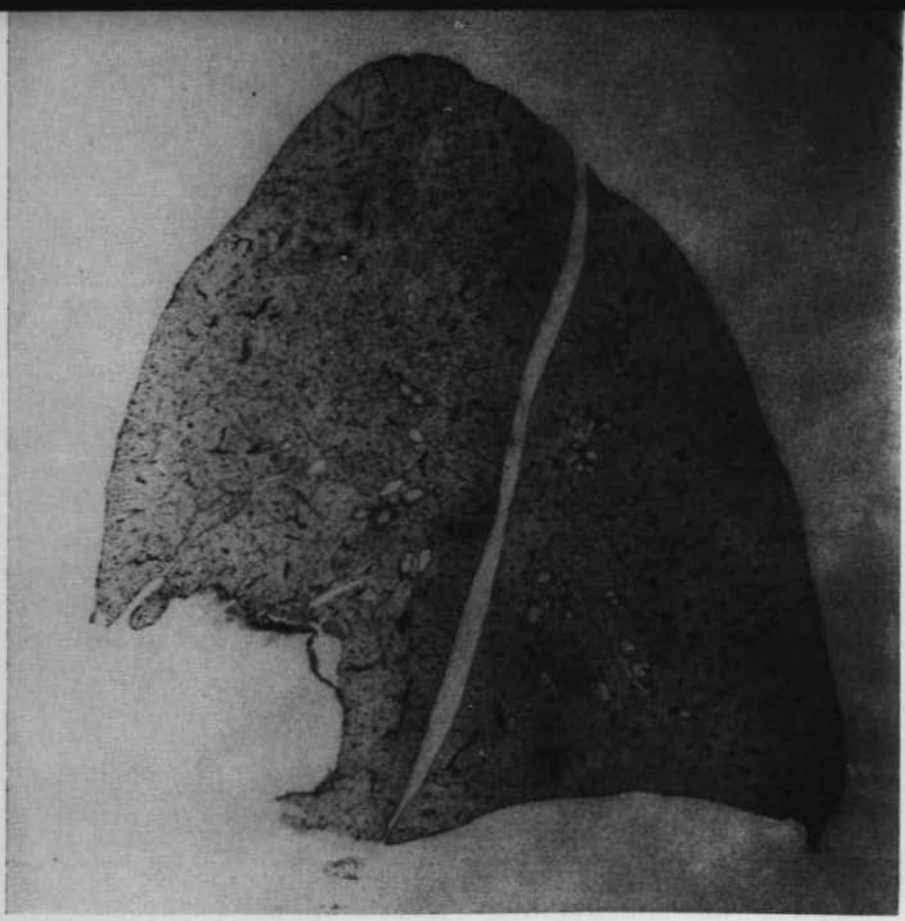
She should not smoke in bed.

She should be responsible for cleaning her own ashtrays.

She should consult her physician to determine the number of cigarettes she could safely smoke without impairing her health.

She would purchase cigarettes out of her own allowance.

This teenager was agreeable to the regulations but declared that her parents "took all the fun out of smoking" when they did not raise a fuss. These parents developed the frank approach and their daughter decided not to take up the habit.



EMPHYSEMA is an impairment of the bellows action of the lung. Above is a cross section of a normal lung. The lung specimen with advanced emphysema (opposite page) has had its air sacs destroyed.

A Health Hazard

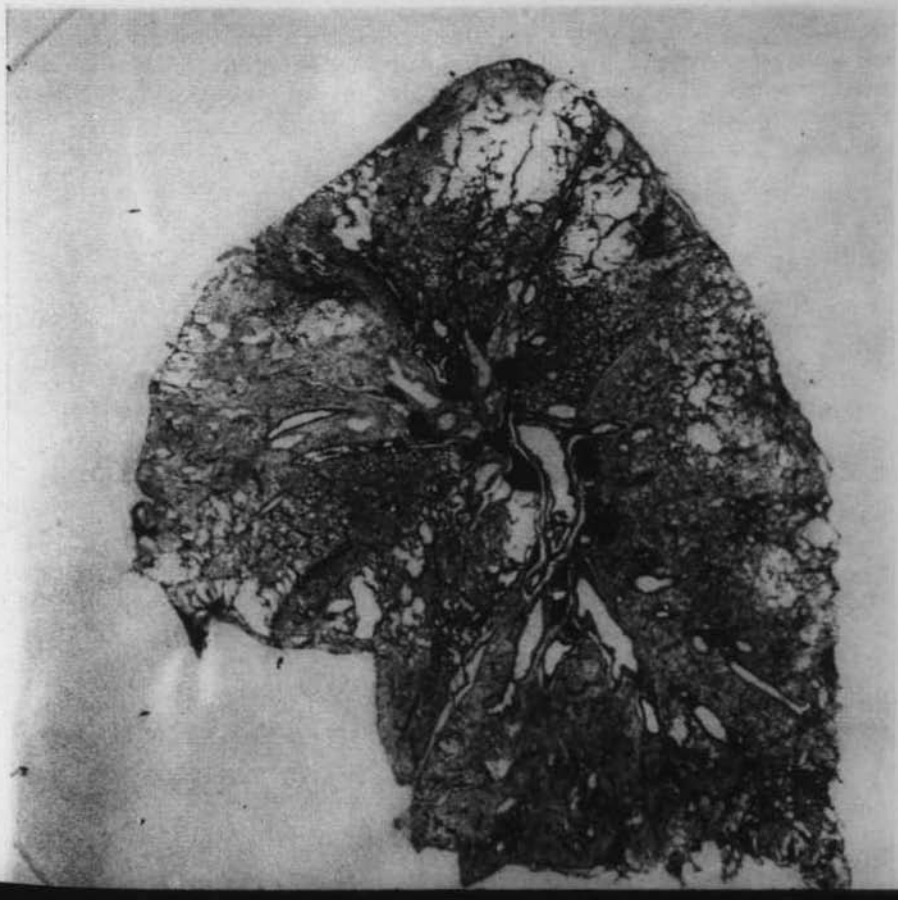
Tobacco was first recognized as a health hazard in an American medical paper of 1798. About 1912, scientists concluded from their work that if smoking cigarettes became popular, incidence of cancer of the lung might increase alarmingly. Thirteen years later experimental cancer was produced by painting cigarette "tar" on the back of mice.

More recent studies have contributed to the "smoking is a health hazard" belief. One survey compared the mortality of British physicians who were smokers with those who were nonsmokers. This comparison was done in reference to lung cancer. An American Cancer Society study found that males between the ages of 50 and 69 who were nonsmokers had one chance

in 270 of getting lung cancer, in contrast with two-pack-a-day smokers who had one chance in 10 of dying from the disease. A study of U. S. veterans over a two and a half year period revealed the death rate from lung cancer for males who smoke more than a pack a day to be nearly 16 times that of nonsmokers.

The Surgeon General's Report

Nearly all Floridians have heard about the Surgeon General's report on *Smoking and Health* which was released in 1964. Action on this report started in mid-1961 when a letter, signed by the presidents of the American Cancer Society, the American Public Health Association, the American Heart Association and the American Tuberculosis Association was sent to the President of the United States. They urged the President to form a commission to study the implications of tobacco as a health hazard. The task was turned over to Surgeon General Luther L. Terry of the U. S. Public Health Service, and 10 men prominent in medical science were appointed to evalu-



ate the elements and factors in the relationship between tobacco smoking and health. In January 1964, the Committee published its conclusions in the form of the Surgeon General's Report on *Smoking and Health.*

The Committee's principal findings showed that:

The death rate for smokers from diseases studied was 70 per cent higher than for nonsmokers;

The highest excess number of deaths for smokers is headed by coronary artery diseases;

Death from lung cancer ranks second;

A two-pack-a-day smoker has one chance in 10 of dying of lung cancer;

Smoking is the most important cause of bronchitis and is associated with emphysema;

Other conditions, such as peptic ulcers, tobacco amblyopia (dullness or obscurity of sight without any apparent early organic change in the eyes), cirrhosis of the liver and accidental deaths from fires in the home, are linked to smoking.

Specifically, the Committee's studies pointed up a relationship between cigarette smoking and development of lung cancer which is the most frequent site of cancer in adult males. *The death rate from lung cancer is nearly 1000 per cent*

Shade-grown cigar wrapper tobacco is one type grown in northern Florida. Tobacco is a $24.5 million business in the Florida economy and cigarette taxes bring additional millions of dollars into state and local treasuries. A worker ties up leaves of tobacco for drying (opposite page).





higher for smokers than nonsmokers.

Risk of lung cancer, the report states, increases with duration of smoking. A high proportion of males in one lung cancer group started smoking under 15 years of age. Seventeen per cent of the males in another study said they began to smoke before 10 years of age. The report indicated that the amount of cigarettes smoked daily affected a person's chance of developing cancer. The relation between cancer and smoking increased as the amount of smoking rose. The risk of developing cancer diminished with the discontinuance of smoking.

Smoking was also discovered as a major cause of cancer in other sites in the body. Pipe smoking was found to be related to lip cancer. A significant factor known to be associated with cancer of the larynx was cigarette smoking. An association between smoking and cancer of the esophagus and cancer of the urinary bladder in males was noted but a direct relationship has not yet been proven.

In 1957 came the statement of Surgeon General Burney of the U S. Public Health Service. He said, "The weight of evidence at present implicates smoking as the principal factor in the increased incidence of lung cancer. Cigarette smoking, particularly, is associated with an increased chance of developing lung cancer."

Cancer

Just what is cancer? Cancer is uncontrolled growth of cells. These rapidly growing cells live at the expense of the body, crowding other tissues and organs out of space and nourishment. Clumps of cells which remain in a limited area and do not spread are called

benign tumors and may be harmless. But when cells invade surrounding tissues and spread to other parts of the body, the clumps are called malignant tumors—or cancer. These cells not only infiltrate between normal cells, but also destroy them.

The basic cause of cancer is unknown. It is believed, however, that types of repeated irritations may produce cancer. One type is mechanical and involves skin irritations resulting from warts or lip irritation by pipes. Chemicals such as coal tars, dyes, lead compounds, nickel compounds and dusts containing radioactive particles cause another type. Heat from repeated burning of the skin and lips or prolonged exposures to the sun may be a factor in cancer. Exposures to X rays or radioisotopes are also known to be irritating. Cancer is not inherited although there is a tendency within some families to have certain types of the disease. Cancer is not contagious. Some recent investigations have linked cancer with a virus; but work is still being carried on in this field.

Smoking and the Lungs

You may ask where smoking fits into the picture regarding lung cancer. Unhealthy lungs have a tendency to pick up diseases and infections faster than healthy ones. One of the first signs of lung damage from smoking may be a cough or shortness of breath. The chemicals in cigarette smoke irritate the bronchial tubes which lead to the

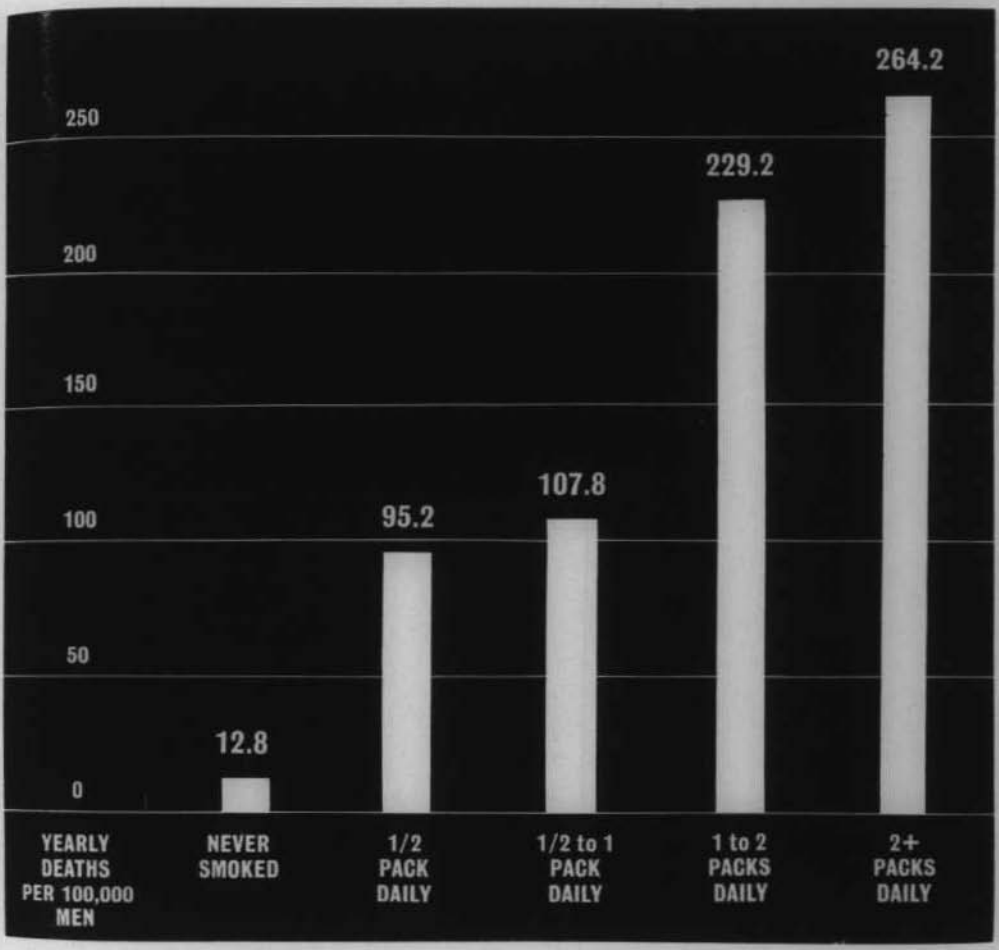
A Romantic Image

Television commercials often picture cigarettes in the hands of tattooed truck drivers and virile cowboys—or couples gazing romantically into each other's eyes.

Male smokers have *not* been found to be more rugged or masculine than men who never take a puff. On the contrary, smokers are less masculine and often given to more neurotic traits. Some psychoanalysts advance the theory that smoking is another form of thumb-sucking and a regression to infancy.

The ads may say that the way to attract a man is to snuggle up and blow smoke in his face. What good does it do a girl if she primps all afternoon for a date and then goes out with her breath smelling of tobacco and her teeth stained with tar.

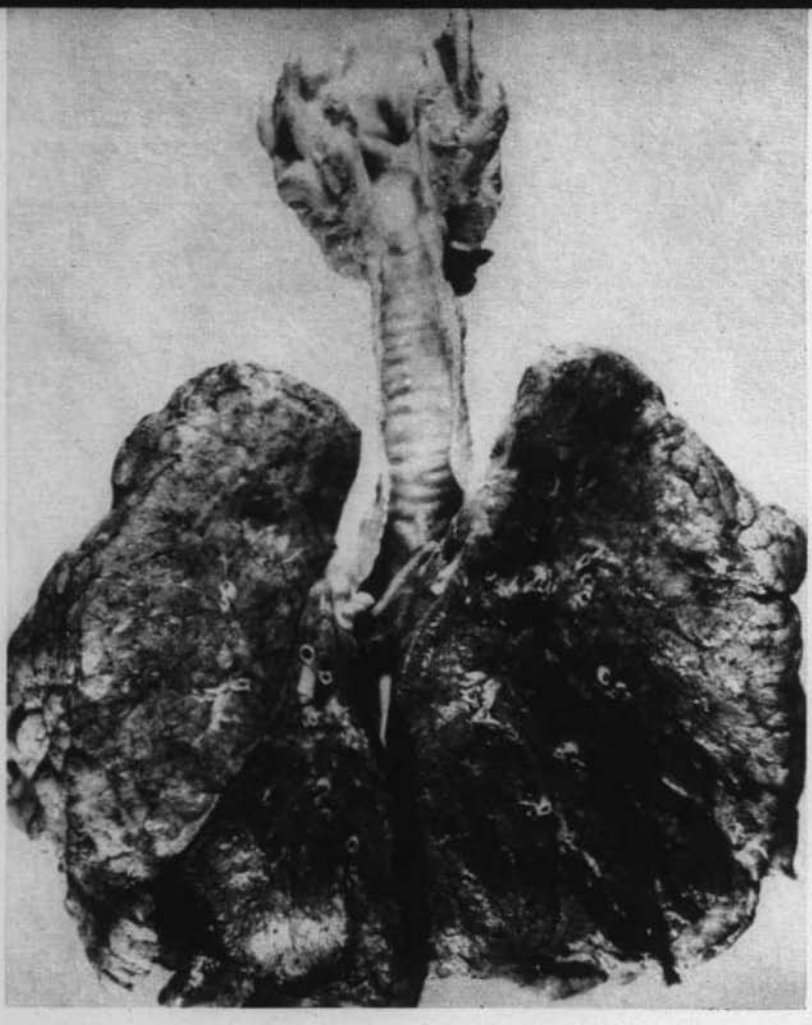
More Cigarettes - More Lung Cancer



What are your chances of getting lung cancer? It depends on how much and how long you've smoked. Half a pack of cigarettes a day? Your risk goes up eight times. Two packs or more? Twenty times greater! The more cigarettes you smoke, the greater the risk.

lungs. The walls of the tubes swell and thicken. This thickening tends to close the air passages and slows the flow of air to the lungs.

The whole respiratory tract can be likened to a hollow tree turned upside down in the chest. The windpipe is the trunk (held open by rings of cartilage) and the bronchial tubes are the tree branches subdividing into smaller and smaller branches until the bronchial level



LUNG CANCER—The autopsied normal lung (above) is shown with the trachea (windpipe) and larynx (voice box). Another specimen (opposite page) has cancerous growth, such as those areas marked with arrows.

is reached. Dangling from the tiny stems are 750,000 alveoli (air sacs).

Through the thin flexible walls of these sacs, oxygen is transferred to the blood and carbon dioxide is removed. The entire tract is protected and cleansed of foreign material by a blanket of mucus which is kept moving constantly by tiny hairs lining the bronchial tubes. These broom-like structures are called cilia. *Cigarette smoking causes a marked overproduction of mucus which blocks air passages and the inhaled smoke paralyzes and destroys the cilia.* The common smoker's cough is the body's attempt to replace the cleansing action of the cilia and clear away the

tubes' congestion.

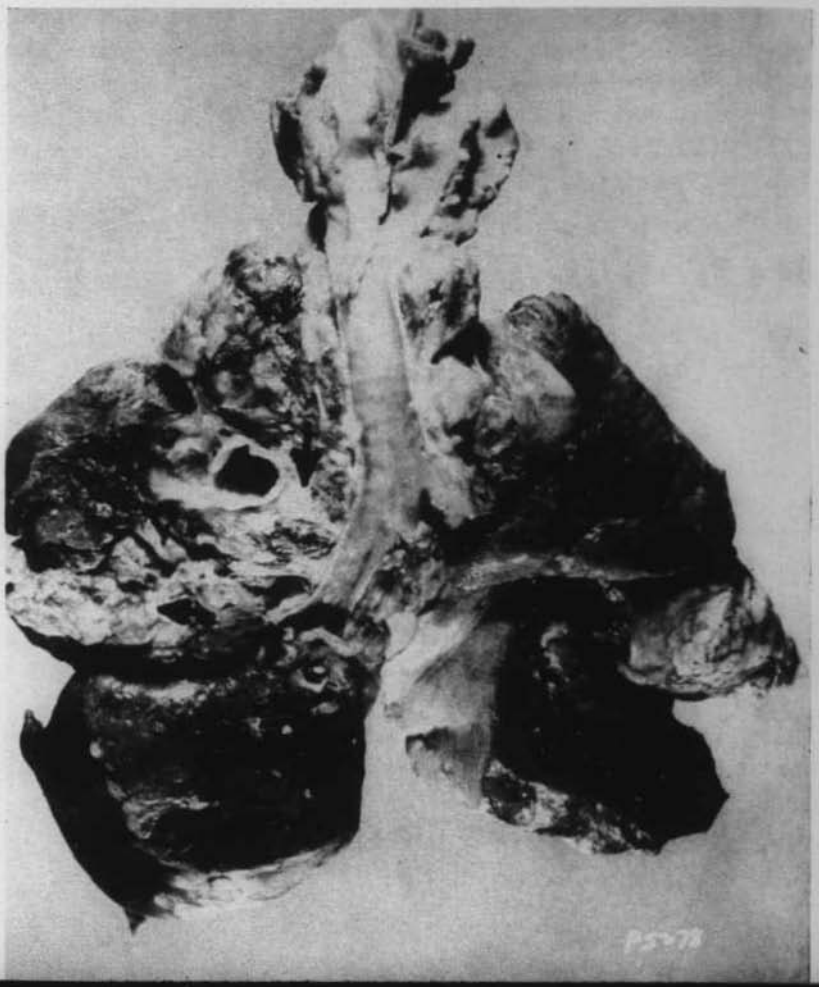
Air eventually becomes trapped in the respiratory system, and the thin walls of the air sacs soon resemble stretched rubber. The lungs become less and less effective as the condition spreads, and the entire lungs expand producing the barrel-like chest and emphysema.

The destruction of the cilia and the irritations from tobacco smoke perhaps will produce an area conducive to the development of cells with abnormal nuclei. These cells, growing in a disorderly manner, may precede the appearance of true invasive cancer.

Education, Advertising and Insurance Rates

Defining the problem of smoking is perhaps not as important as motivating people not to smoke. Several proposals have been made for national action.

Educating the younger genera-



tions heads the list. This would mean including the topic of smoking in the regular health education curriculum of the lower grades of schools. (Section 231.09, Florida Statute requires that health education courses in the school include instruction on smoking and health.) Effectiveness has been achieved by presenting the facts and letting the students make their own decisions. Another method encourages the students to devise their own smoking and health programs. Adults can aid the education program by setting examples and stopping the habit.

On July 27, 1965, the President of the United States signed a bill which will require tobacco companies to place warnings on cigarette labels stating that smoking is a health hazard, such as: *CAUTION: Cigarette smoking may be hazardous to your health.* Cigarette advertising is a very important source of revenue for radio and television, and taxes from the sale of cigarettes are important to the budgets of federal, state and local governments. The tobacco industry is a strong economical factor in this country, and over 700,000 farmers grow tobacco as cash crops in 24 states (including Florida).

Lower insurance rates for nonsmokers, as suggested by interested people, may lure some to stop the habit. The American Cancer Society has shown that smokers require more days of hospitalization each year than do nonsmokers. As indicated in the Surgeon General's Report, nonsmokers have greater life expectancy than smokers. Insurance companies feel the risk on nonsmokers is much less.

Action in Florida

A number of Florida's state, medical and voluntary agencies have formed the Florida Committee on Smoking and Health to attack the health hazard with a coordinated approach. The agencies represented on this committee are the American Cancer Society, Florida Division; Florida Heart Association; Florida Medical Association; Florida Tuberculosis and Respiratory Diseases Association; State Department of Education; and State Board of Health.

The purpose of the Committee is to inform the public of the implication of cigarette smoking to health, to influence people not to start smoking and to encourage the discontinuance of smoking by those who do. Specifically, the Committee has as some of its objectives the following: coordinate, support and encourage educational programs designed to influence young people not to smoke; promote and support smoking and health seminars, such as withdrawal clinics;

TOBACCO—Big Business in Florida

In 1963, nearly 31 million pounds of tobacco were raised on 17,900 acres of Florida's tobacco farms. This brought $24.5 million into the Florida economy. Smokers in the Jacksonville District (including Florida and the Canal Zone) paid $10.2 million for the statement on the side of their cigarette packs. This is the manufacturers' tax. In addition, Florida's special tax on cigarettes yielded over $55 million for state and local treasuries. Millions of dollars are also spent by tobacco companies on cigarette advertising to entice you, the reader, to smoke.

Compared with these millions of dollars, the State Board of Health receives only a small amount of money to combat diseases brought on by tobacco and to try to get people not to smoke or to give up the habit.

promote and support special studies, surveys and new educational approaches; recommend the removal of cigarette vending machines from health and school facilities and support the enforcement of Florida Statute 895.06 which forbids the sale of cigarettes to minors.

In the counties local committees are establishing reference files on smoking and health in every school library. Smoking and health conferences for student leaders have been held on the junior and senior high school levels.

The State Board of Health Project

The State Board of Health is now planning a state level program in smoking and health to provide health information and consultation to target groups (schoolchildren, Scouts and other youth organizations) in order that they may form the correct opinions about smoking and health, thus influencing young children *not* to smoke. Through the County Health Departments, support will be given to the formation of community committees to provide

leadership on local levels.

An important aim is to work in cooperation with the Florida Committee on Smoking and Health and other professional and lay bodies to educate Florida's citizens on the relationship of smoking to health.

One Way to Stop Smoking

How does a person—who already smokes—put an end to the habit?

This is an individual's decision. No one else can make it for you.

The first requirement is the honest desire to quit.

Write down all the reasons why you should not quit smoking and then list the reasons why you *should* quit. Weigh one against the other.

Then you must prepare yourself for the actual step by facing the facts of how you'll feel when you give up the habit.

Set aside a specific day and quit.

Reinforce your habit of not smoking by pampering yourself with gum and mints. There are many books and pamphlets available, but your physician can perhaps offer you the best personal plan.

Stay away from places where people smoke.

Don't make a single exception—don't take one puff.

When you have successfully stopped, however, you should tell others about the benefits you have gained from quitting.

If every teenager in the country stopped smoking tomorrow, never to start again, it would be at least 30 years before the lung cancer death rate would show an appreciable drop. *Nearly 100 adults in the United States are dying of lung cancer each day.* Adults have not only the motive of self-preservation to help them stop, but also the fact that children's smoking is dependent on the example their elders set.

Practical advice about smoking from those in the health field is:

If you don't smoke, don't start;

If you do smoke, give it up;

If you can't give it up, cut down.

Cigarette smoking is a health hazard, and the more you smoke the greater the hazard. Weigh the facts presented here against the arguments that smokers give in favor of cigarettes.

The decision you make is yours alone and may affect your life and the lives of many others.

Illustrations: Page 157 from *Dying to Smoke* by Robert Osborn and Fred W. Benton, M.D.; 158, 166, 167, Roswell Park Memorial Institute, Buffalo, N.Y.; 162, 163, Florida State News Bureau.

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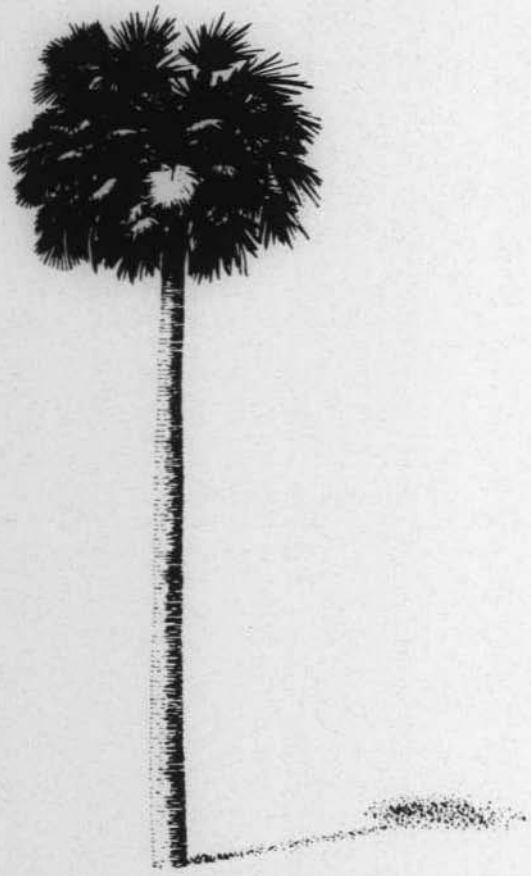
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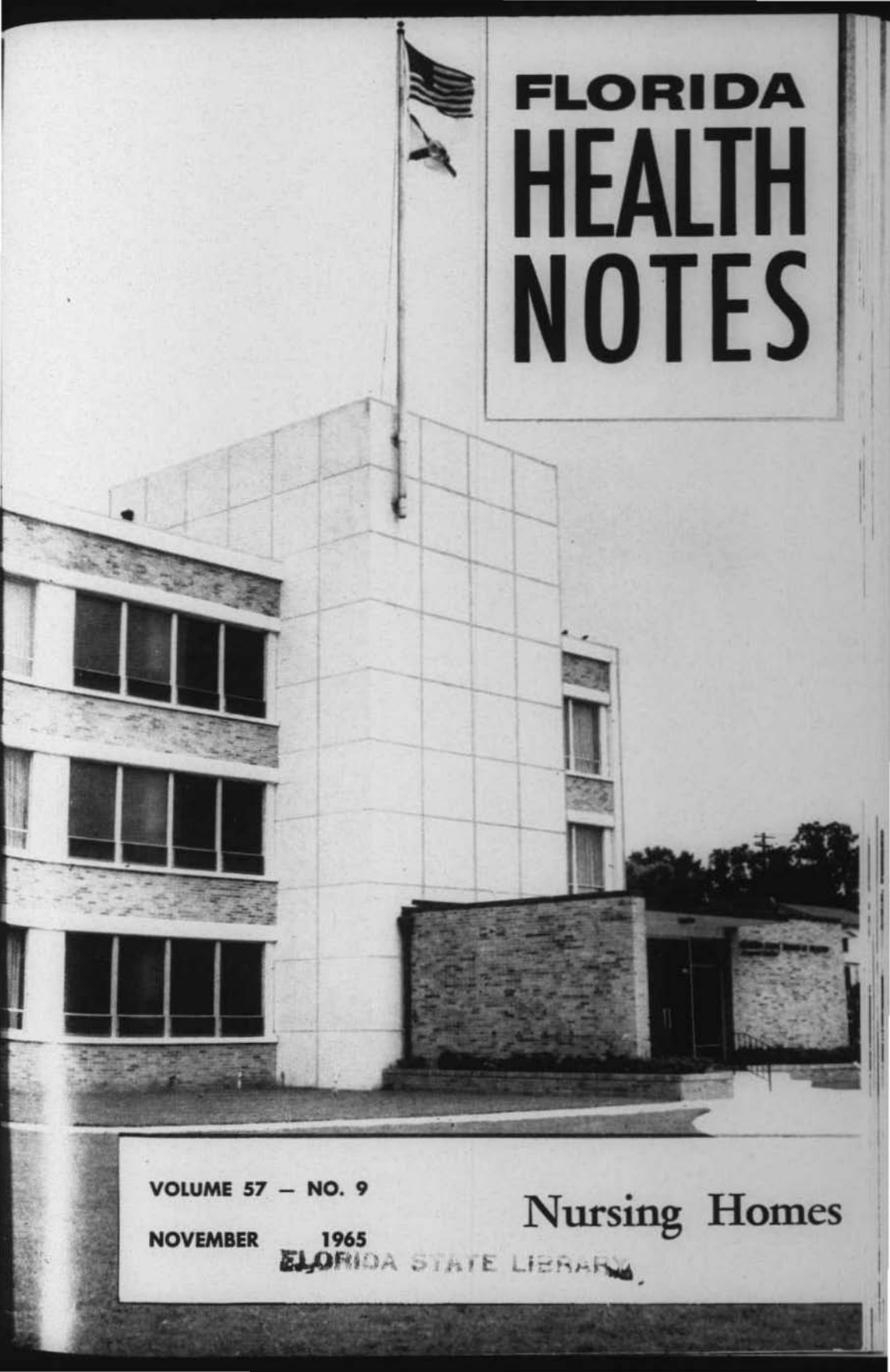
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FLORIDA HEALTH NOTES

VOLUME 57 — NO. 9

NOVEMBER 1965

Nursing Homes

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County Health Department sanitarians and public health nurses work closely with nursing homes to help them maintain standards. The sanitarian checks refrigerators and the public health nurse advises the administrator on the keeping of patients' records and nursing care.



A Look at

Nursing Homes

° Miss Kane is in a nursing home. She recently had a stroke which left her right side paralyzed. Due to her advanced years (she's 84 years old), she is bordering on senility. Since there is no one at home to take care of her, the physician placed her in a nursing home.

° Mrs. Jones fell and broke her hip and had to spend several weeks in a hospital. She is in a nursing home because she needs more care than her family can provide and she needs the help of a physical therapist to train her to walk again.

° Mr. Grant is a visitor in Florida. Shortly after he arrived in the state, he had a heart attack and had to spend several weeks in a hospital. His physician recommended additional rest in a nursing home for Mr. Grant before traveling to his home in a northern state.

Miss Kane, Mrs. Jones and Mr. Grant have needs that are met by the nursing home. Where once the sick and elderly were cared for in the environs of the family, today's mode of living has changed this aspect of American life. Due to medical science and modern technology, people are living longer. But many are in poor health. Elderly people have benefitted from the conquest of many infectious diseases that marked the 20th Century, but they are not free of disabling and degenerative diseases.

Nursing homes are an outgrowth of the changes in living patterns. The United States has a mobile population and people move from place to place because of work or pleasure. Many elderly people are coming to Florida to live in retirement. Today, with 11.9 per cent of the state's population over 65 years of age, it ranks second in the nation.

The shifting population has separated parents from their children who would normally take care of them. The accent of the American

society is on youth, and until recently there has been little concern for the elderly—in the matter of work, residency, recreation or medical attention. Today there are government and voluntary agencies and religious, fraternal and social organizations which are working on behalf of the elderly.

In some families, the nursing of an older member has developed into a physiological, emotional and economic nightmare. Too often the care of the sick, elderly person puts a physical strain on those who take care of him; the emotional tension of seeing a member of the family ill for a long time is frequently distressing; and the cost of providing special equipment, medicines and nursing service for the patient has put a strain on many family budgets.

Often children of the ailing, elderly person have considered the nursing home as a place where their father or mother could be cared for by professional personnel, but they have rejected the nursing home because of the poor public image given by many such institutions. Too often people have heard how patients are mistreated, neglected or endangered by poor care or unsafe buildings and equipment.

The State Board of Health and the 67 County Health Departments are interested in the care and protection of nursing home patients. This issue of **Health Notes** will tell you about the laws which provide for the licensing of nursing homes, and the programs carried on by the State Board of Health and the County Health Departments to make sure that patients are given proper nursing care in a good environment and protected from fires or accidents.

The Beginning of Nursing Homes

Nursing homes did not have a definite beginning. There is no set date when the first one opened its doors. Like Topsy of **Uncle Tom's Cabin** they just "grew." They grew from old soldiers' homes, the county

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Most nursing homes have rooms where patients can receive intensive medical care during convalescence if they need it.

poor house, the fraternal clubs' and churches' homes for the aged and in some cases—boarding houses.

The nursing home is an outgrowth of complex social, economic and medical changes in our American society. When people over 65 years of age started receiving small incomes under the Social Security Administration, they were able to pay someone to care for their needs. Other people, who had space in their homes and who needed additional income, rented rooms to many of the recipients of Social Security payments.

As these people aged, they frequently became ill with heart disease, diabetes, stroke or other degenerative diseases. The buildings, which once housed the residents when they were well, had not been built to be used as nursing homes and frequently they were not adaptable, even with alterations. But nursing homes became a necessity. Frequently there was much adverse publicity when a home was found to be overcrowded (with patients' beds in corridors) or when a number of patients died in a fire. The public image was not helped when such places were found to be understaffed or poorly equipped.

As nursing homes became more numerous, there were demands by the public for supervision by a regulatory agency. Florida took a step in this direction in 1953. The step was fought by some nursing home operators but welcomed by those who were really interested in providing good patient care in a safe building designed for this purpose.

Legal Requirements

The Florida Legislature passed the nursing home licensure law in 1953. A similar bill, which was endorsed by the State Board of Health, the State Department of Public Welfare and other governmental agencies and civic, fraternal and social organizations, was put before the previous Legislature but failed to pass. Evidence points to the fact that no doubt the 1953 bill would have been passed by the legislators, but several days before the Legislature was to go into session, 32 persons died in a nursing home fire in Largo. The fire greatly increased interest in the bill.

The State Board of Health (following recommendations by the County Health Departments) annually licenses nursing homes covered by Section 400.02 of Florida Statutes. Annual approval by the fire, building, electric and zoning departments are also part of the license requirements. The reason the State Board of Health and the County Health Departments are in the licensing program is to make sure that patients receive good nursing care, have adequate provisions for their needs in food service, waste disposal, clean water supply and sufficient lighting and are safe from fires and accidents. To help carry on these programs, the State Board of Health maintains a staff of consultants in the Bureau of Special Health Services who work with the County Health Departments and owners and operators of nursing



With an emphasis on wellness, rather than sickness, nursing homes strive to keep patients occupied. A volunteer worker helps these men with "make-work" of putting nuts and bolts into little bags.

homes. More will be said later about these consultants and their work.

The County Health Officers, public health nurses and sanitarians of the County Health Department are the persons on the local level who carry out the directives of the law and the rules and regulations prepared by the State Board of Health. They have frequent conferences with administrators and make inspections of the nursing homes. In some counties, the Health Departments have teams who inspect the homes. In other counties, nurses and sanitarians may make inspections of the nursing home facilities in their assigned districts.

Why Put Aunt Emma In A Nursing Home?

It was impossible to give Aunt Emma the care she needed. There was neither the training nor time within the family to do what was necessary. There were incessant demands, thankless services, neglected children to be "shushed," the impossibility of leaving the house, Aunt Em's wandering mind, complaints and irritations. One solution was to put her in a nursing home where she could be properly attended by a trained staff.

Types of Nursing Homes

The State Board of Health licenses three types of homes.

There are 63 **homes for the aged,** with 2344 beds, which care for elderly people who are not ill from any chronic or communicable disease but who need watching over their diets, sleeping habits, general health and well-being.

There are 12 **homes for special services,** with 401 beds, which provide domiciliary and custodial care for children and young adults who are mentally retarded or physically handicapped.

At the present time, the state has 283 **nursing homes** with 14,362 beds. These provide professional medical and nursing attention for persons who are ill but do not need to be in a hospital. It is this type of home with which we are concerned in this issue of **Florida Health Notes.** The majority of these homes is devoted to the care of sick, elderly persons but younger people who are recovering from a heart attack or serious injury, for example, occupy a small number of beds.

Out of the 283 nursing homes licensed by the State Board of Health, 237 are proprietary (privately owned and operated for profit).

Ten of the nursing homes in the state are owned by a governmental agency, and 27 homes are owned by church groups. This type of nonprofit home is on the increase because the clergy, lay leaders and congregations are developing a renewed interest in nursing care facilities for the senior citizen. Nine other nonprofit nursing homes are operated in Florida by unions or fraternal organizations.

At the present time there is an inadequate number of licensed nursing homes in Florida, especially in the rural areas or for nonwhite patients. Too many homes are operating on such low incomes (for example, welfare payments) that they frequently can afford to supply the patients only with minimum care.

The Nursing Home Staff

The **administrator** is the key person in every nursing home. In the smaller, privately-owned home he is "all things to all people" and must be able to handle the most difficult, senile patient one minute and perhaps meet the public in the next. He must manage the budget, recruit and hire personnel, maintain safe and ethical medical and nursing practices, maintain liaison with the medical, nursing and other professions in his community, be responsible to the state regulatory agencies, and often perform special services for his patients. In the larger institution the administrator can delegate many of these chores to other members of his staff who are trained to do this work.

In the early days, the operator of a nursing home was an amateur with no training and little experience. Many of the operators were nurses who were skilled in their profession but with no business training and limited experience in operating a nursing home. Today, many operators are taking business training and becoming more professional in their approach to nursing home operations.

The nursing home should have a **medical consultant** for supervision of standing orders and overall general medical practices. Each patient who enters a home should have his own personal physician to supervise his care. The larger nursing homes may be able to provide medical services, but the smaller ones simply cannot afford to fulfill this need. Homes which have a larger number of welfare patients often cannot supply this service.

The essential service of the nursing home is composed of the **nursing staff.** It is the professional nurse, the practical nurse and the nurse's aide who are mostly responsible, day after day, for the emotional climate of the nursing home. Tender, loving care is vital to old people, and "the way they do it" is as important as "what they do."

The capabilities of the nursing staff are the prime factors in the nursing home activities. It is the nurse who carries out the doctor's orders, but she cannot do more than she is trained or equipped to do. The State Board of Health rules set standards as to the number of patients for each nurse, practical nurse or aide. But the amount of care the patients need, the facilities available and methods of operation help determine the number of trained persons needed on the staff. **Sufficient personnel should be on hand at all times to meet the need of the patients.** Supervision of all levels of the nursing staff by a qualified nurse must be constant.

Nothing is more basic to the health and morale of a nursing home than the food the patients eat, the cleanliness of their rooms, the condition of their clothes and the comfort of the building. For this reason the food service staff, housekeepers, laundresses and maintnance men are important to the patients of the institution.

In addition to providing good food, the nursing home must resolve the usual institutional problems of special diets, food habits of older people and a few extra personal preferences which are hard to ignore without doing serious damage to morale. Three meals a day, spaced far enough apart to foster an appetite, should be provided. Poor scheduling can result in poor nutrition if the important foods

Keeping the nursing home clean is the important task of the housekeeping staff.







Under Florida's nursing home licensing law, many of the homes are moving from buildings which were not designed to be nursing homes to modern facilities which meet State Board of Health and County Health Department standards.

are returned to the kitchen. Dining room service should be available and patients, if they are physically able, should be encouraged to eat together because meal time is usually a period when patients can get together for a social period.

The Patients

Although there are a few younger people in nursing homes, over 75 per cent of the patients are over 65 years of age and approximately

25 per cent of these are 85 years or older.

Less than one-half of the patients are able to get around by themselves with the aid of a cane. A few others need wheelchairs or walkers; some need the help of an attendant, but one-fifth are confined to bed. Nearly one-half of the elderly patients are mentally alert, but the others are confused part or most of the time. About two-thirds of the patients in nursing homes are continent while the balance have no control over their bladder or bowels.

Women live longer than men, and this is shown in nursing homes where two-thirds of all patients are women, the majority of whom are widows. A few couples live together in nursing homes.

Nearly every elderly patient in a nursing home has two or more chronic diseases. Heart and/or circulatory difficulties account for about two-thirds of the patients' troubles. One in six patients suffers the effects of a paralytic stroke and one in 10 is recovering from a fractured hip or limb. A frequent diagnosis is senility. This vague term is applied to many patients who have no definite diagnosis, but it is used to show that the patient has a weakening of the mind and body due to old age, and this is usually in conjunction with a serious chronic disease. Other diseases which turn up frequently are arthritis, rheumatism, diabetes, tumors, urinary infection, diseases of the digestive tract and mental illness.

Once when people were put into a nursing home they stayed there until they died. Now, nursing homes are sending one-third of their patients home in less than six months. An additional one-third stay from six months to two years while the balance stay from two to five

Aunt Emma and the Nursing Home Staff

Aunt Emma got along well with the nursing home staff. The administrator saw that she had a flower on her bedside table each day. Her physician came to see her regularly, but medical assistance was always available if an emergency arose. The hard working nurses were never too busy to smile when they brought her medicine or performed the myriad of tasks in her behalf. The nurse's aide helped her to the dining room and to various places in the nursing home. The cook saw that she had the proper foods and the housekeeper kept her room clean and neat. She always looked forward to the periods of heat, massage and exercise which relieved her arthritis.

years. Only a small portion of the patients stay over five years.

Florida is unique in that its major industry—tourism—affects the nursing home picture to some extent. Tourists become sick while visiting the state, and sometimes they have to enter a nursing home before they are well enough to travel. Some patients are brought to Florida by their families and placed in a nursing home while the families are on vacation. Other patients are brought to Florida because of the warm climate and placed in nursing homes for the winter. There are a few nursing home chains which offer similar services in northern states and in Florida. It is forseeable that elderly patients can be placed in a home in Florida during the winter and then moved north during the summer.

The County Team

In those County Health Departments which use the team approach, a public health nurse and a sanitarian, and sometimes a public health physician, work together as inspectors and consultants to nursing homes. There are certain advantages to the team method. When the team visits a home, the various members are aware of each other's responsibilities and there is less overlapping of functions. The nurse and the physician begin to think like a sanitarian (and vice versa), and all three develop a broader outlook of nursing home operations.

The public health nurse is chiefly concerned with such things as nursing care and technique, storing of drugs and narcotics, following of physician's orders, planning of inservice programs and supervising of staff personnel. The sanitarian checks on plans for a new building or renovation of an old one, sanitary measures (including food service, storage, housekeeping and waste disposal), safety measures (like location and upkeep of fire extinguishers and frequency of fire drills) and many other aspects of nursing home functions.

When the public health physician is a part of the team, he acts as general consultant and resource person. He can look at problems realistically, make individual judgments and authorize temporary measures until minimum standards can be met; action which the sanitarian and public health nurse cannot take. Rather than turning elderly patients out on the curb, the County Health Officer can find the best way to reach a compromise with a nursing home which does not meet minimum standards until more funds can be obtained, a different budget adopted or a different building procured.

By acting as consultants and being responsive to the needs of the nursing home, the County Health Department team frequently can





In many nursing homes, patients are encouraged to eat in the dining room. Well-balanced, nutritious meals, prepared in a spotless kitchen, are the marks of an efficient nursing home.

substitute a sincere willingness to cooperate for the uncompromising enforcement aspects which nursing homes often associate with the licensing procedure.

The State Consultants

The State Board of Health offers consultative services through County Health Departments to nursing homes in various phases of nursing home planning and operation.

The **nursing home consultant** helps the nursing home owner and/or administrator in the planning of the building and some related aspects of the operation. He frequently confers with architects, suggests changes and sometimes visits the sites during construction. When nursing homes need to be improved, the consultant works up programs which will bring them up to minimum standards. These programs are carried out by the nursing homes under the supervision of the County Health Departments.

Once the homes are in operation, the consultant assists the County Health Departments and nursing homes to face successfully such problems as staffing, purchasing of supplies and equipment and maintaining the home. Among other projects, he also advises on securing good working relations with the physicians of the community and local hospitals.

The **nursing consultant** helps nursing home staffs with problems relating to the care of the patients. When difficulties develop, the consultant attacks the underlying causes, such as shortage of personnel and lack of supervision or training, and helps the nursing home to work out a solution. There are many factors which influence the running of a nursing home, and the consultants all try to understand the problems and offer concrete recommendations for solutions. If there is a high turnover in staff personnel, the consultants may suggest that future personnel be given an orientation course to familiarize them with the running of the home.

The **nutrition consultant** conducts classes for administrators and staff members in charge of food service. Working through the County Health Department, she helps the personnel with menu planning, special diets, food preparation, meal scheduling, job descriptions, sanitary measures, purchase of equipment and kitchen plans for renovated or new nursing homes.

The **rehabilitation nurse-consultant** instructs administrators, nurses, practical nurses and aides in steps which will allow the patients to help themselves as much as possible. She advises nursing home



Some nursing homes have physical therapists who assist elderly patients suffering from stroke, arthritis or some other disabling disease.

administrators on the various types of furniture which are best for the patients and provides plans for such things as the building of parallel bars, pulleys, etc., which patients can use for rehabilitation.

The safety of nursing home patients is just one of the concerns of the **training consultant** who plans conferences on fire protection, and seminars for architects and engineers who design and construct nursing homes. The purpose of the conferences on fire protection is to acquaint firemen and hospital, nursing home and public health personnel with the mutual safety problems involving nursing homes, with the understanding and solution of how the protection may be carried out, with a uniform interpretation and application of laws, rules and regulations, with the working relations among fire departments, health departments and nursing homes and with the education of firemen and nursing home staffs.

The first seminar for architects and engineers was conducted in 1962 to acquaint men (who design and build nursing homes and hospitals) with plans of buildings which are functional and adapted to medical care of patients. A second seminar is planned for the near future.

Financing a Nursing Home

The costs of construction of nursing homes are as variable as the cost of services they offer, ranging from $2500 a bed in a shelter home to a maximum of $14,000 for a bed in a specialized nursing home in a high cost area.

Most of the new nursing homes being built and operated in Florida are financed by private corporations. These are usually composed of several people who have good financial ratings and who can secure loans from local banks, mortgage companies and realtors.

The Hill-Harris Act grants matching loans for public or nonprofit homes while the Small Business Administration can make loans to profit-making concerns for building new facilities, modernizing present homes, working capital or paying debts. The Federal Housing Administration also insures loans for nursing homes but most of the financing is done locally.

It is too early to tell what effect the new Health Insurance for the Aged (Medicare) Law, passed recently by Congress and signed into law by the President, may have on nursing homes in Florida. Some people feel that it may have no effect, but others believe that there will be more demands for nursing home beds and that people

will utilize money available under Medicare to place elderly members of their families in nursing homes who have not heretofore been cared for in these institutions.

The State Board of Health is in no way involved in the prices for nursing home services. This is strictly between the nursing home and the patient, his family, the governmental agency (such as the State Department of Public Welfare) or organization which is paying the bills for his care.

The Florida Nursing Home Association

The administrators of nursing homes in Florida have formed an organization to improve nursing home laws and upgrade their profession. By combining, they are seeking to improve all phases of the operations through conferences and workshops. The Association, which is affiliated with the American Nursing Home Association, conducts annual short courses and workshops on both the state and district levels on administration and its application, personnel management, accounting, mental health, food service, nursing care and rehabilitation services. Staff members of the State Board of Health act as consultants to some of these courses or appear as lecturers.

What Makes a Good Nursing Home?

If you have a member of your family whom you wish to place in a nursing home, how do you go about selecting one?

First, pick a home that you can afford. The ability to pay is a measure of what services and facilities you can expect. If there are a number of nursing homes in your community, get a list of them from the County Health Department or local welfare office and visit them.

"Don't Just Lie There, Aunt Emma"

Aunt Emma had to be urged to participate in planned, organized group activities in the nursing home. Sometimes she felt like taking part in group singing, picnicking or playing cards. Other times she wanted to listen to her radio, read or watch television. And sometimes she just wanted to sit and nod. The nursing home staff did not treat her like a vegetable but encouraged her to do only what she felt like doing.



Fire drills and patient evacuation are important parts of the nursing home's safety program. A fire marshal watches as a nurse practices one method of patient removal.

Don't be casual in your visit, carry a checklist and relate the services offered by each home to the needs you already have worked out. Discuss costs frankly with the administrator of each home.

If you are seeking a pleasant, home-like surrounding, don't be taken in by external signs of cheeriness. A good nursing home will provide a happy atmosphere, attention to the patients and personal courtesy. Check the location of bedrooms and other facilities to see if they are convenient to nursing stations. See if the home offers medical and dental care, adequate nursing service, and that it is currently licensed. Inspect the food service to see if adequate diets are served, meals are properly spaced and there is sanitary preparation of food.

Check on fire exits and other safety measures made on behalf of the patients. Notice if the patients are just sitting around looking into space or whether they are encouraged to participate in such activities as card games, singing groups and reading. Since rehabilitation requires a great deal of self care, check to see if patients are indeed taking care of some of their own needs.

The nursing home may be a happy place for the elderly member of your family if he can help pick a home where he will go. It must be convenient to the family home so he is visited regularly and can come home, if physically able, for frequent visits. This will give other members of the family a chance to follow interests of their own and

yet the elderly member can have the professional nursing care that he needs.

The Nursing Home in the Community

The nursing home is beginning to play an increasingly important role in the medical complex of the community. It has an important job to do—if given the chance. It should work closely with the hospital because it can gain medical supervision while the hospital frees its beds for patients who need its full services.

The nursing home should work closely with the medical, dental and nursing professions, with the public health and welfare agencies and with voluntary groups. Community groups and civic clubs in searching for projects would do well to work with—rather than ignore—their nursing homes. They can be of enormous service within the homes and even of greater long-range service in the community by creating a better understanding and helpful attitudes toward the services rendered in acceptable nursing homes.

The nursing homes would welcome such support and the aging people of the community would profit beyond measure.

The more progressive nursing homes maintain beauty and barber shops which help patients' morale and appearance. A volunteer worker gives this elderly woman a manicure.



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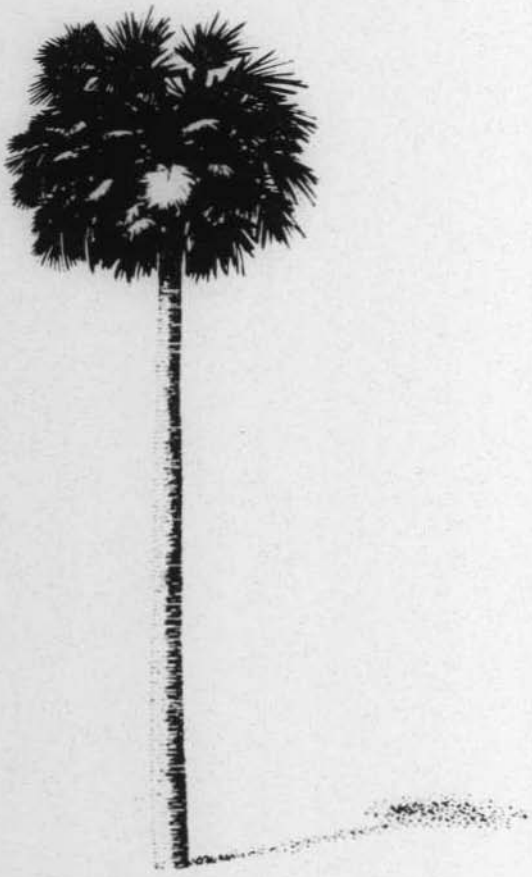
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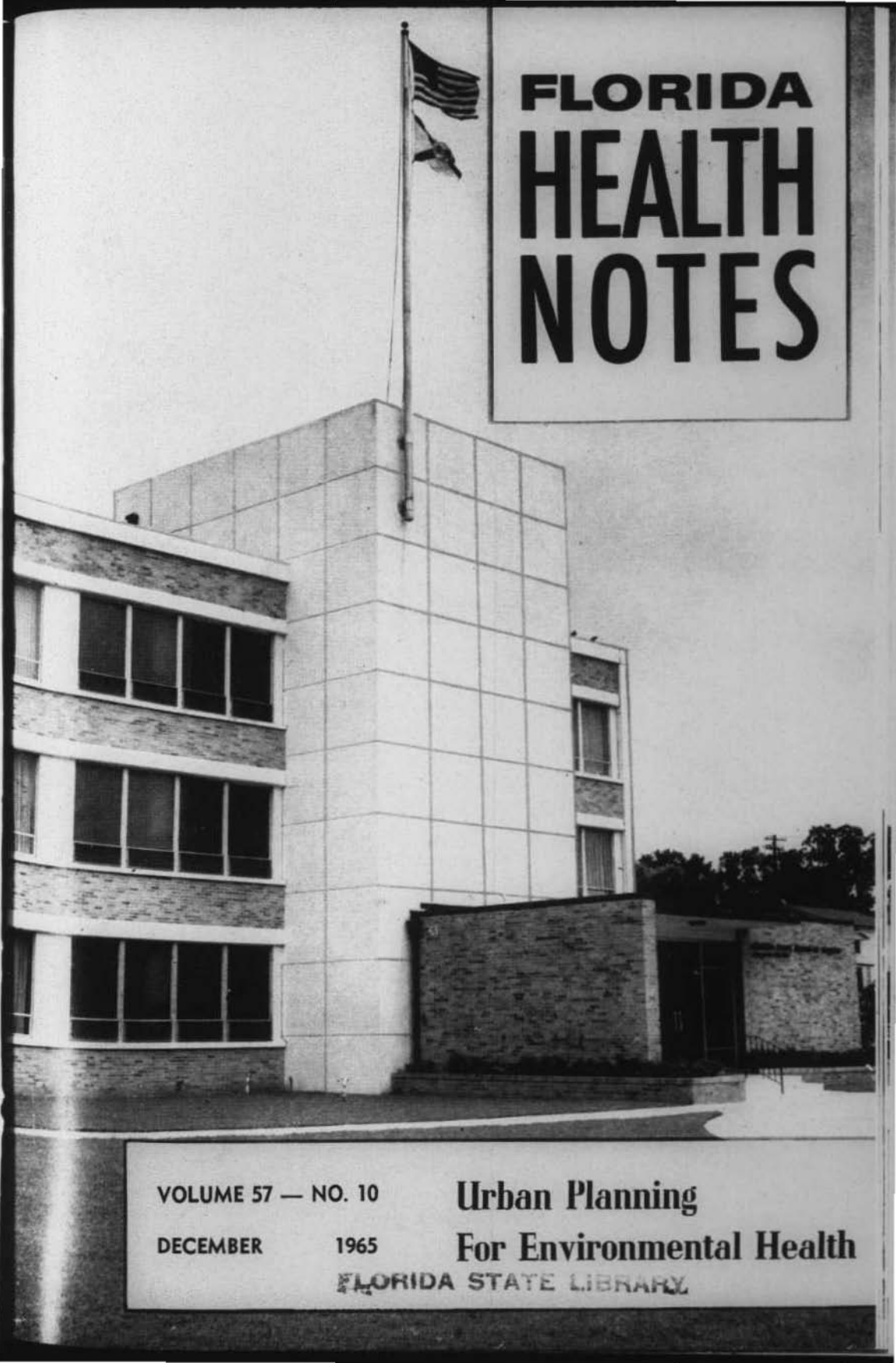
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FLORIDA HEALTH NOTES

VOLUME 57 — NO. 10
DECEMBER 1965

Urban Planning For Environmental Health

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Although many communities in the state have sections of structurally sound houses, they nearly all have some areas of substandard housing.



URBAN PLANNING
for
Environmental Health

WE'RE GROWING!

Nearly every community and county in Florida is expanding—some more than others. And about 18,000 persons are moving into the state each month. Metropolitan communities are becoming more complex, and the continuing development and expansion of technology show the need for constant planning to face environmental health problems of the future.

The traditional views of environmental health—those which deal with living organisms in water, food, sewage and refuse—must be expanded to include nonliving contaminants of radiation and industrial pollution. These problems are becoming more complex with the passage of time and are of increasing concern to the public health worker. These problems should also become the concern of you, the reader.

The factors involved in these problems of environmental health are becoming more complicated, and it is unthinkable that the State Board of Health and the 67 County Health Departments can make much progress in urban planning alone. All units of the community—the city and county governments, business, industry and the general public—are needed in developing future plans for environmental health.

With these views in mind, the State Board of Health and the University of Florida, in cooperation with Alachua County, the City of Gainesville and the U.S. Public Health Service, sponsored a two-week training course on Urban Planning for Environmental Health. Attending were consulting and governmental planners, municipal and county of-

ficials, public works directors, zoning officials, civic leaders and public health workers. The course featured presentations by national planning authorities and experts on various aspects of environmental health.

Part of the two-week course was a student survey of Gainesville which covered water, sewage, refuse, air pollution, housing, environmental sanitation, vector control, radiological health and planning. The various groups made recommendations that would be put into effect in the next 20 years. Another team worked out a plan for implementing the recommendations of the other groups.

Urban Planning and Mr. and Mrs. Citizen

Urban planning plays an important place in Mr. and Mrs. Citizen's future. Where it is backed by legislative authority, urban planning can restore beauty to the countryside by removing such things as signs, fruit stands and junk yards. Urban planning may alleviate traffic congestion by planning new highways, combat air and water pollution, plot direction for industries, determine the needs and locations of libraries, auditoriums and sport facilities, and have a part in forming the economy of the community.

Mr. and Mrs. Citizen can see urban planning in action when blighted areas of a community are renovated and mass transportation systems produced. However, the Citizens are seldom aware of the background work and financing that make urban planning a success.

This issue of **Health Notes** is a condensation of the report produced from the survey. **While this survey was made on the City of Gainesville, the principles of urban planning which are included in this issue are applicable to every community in the state.** There are no standard answers to a community's problems. The solution will depend upon

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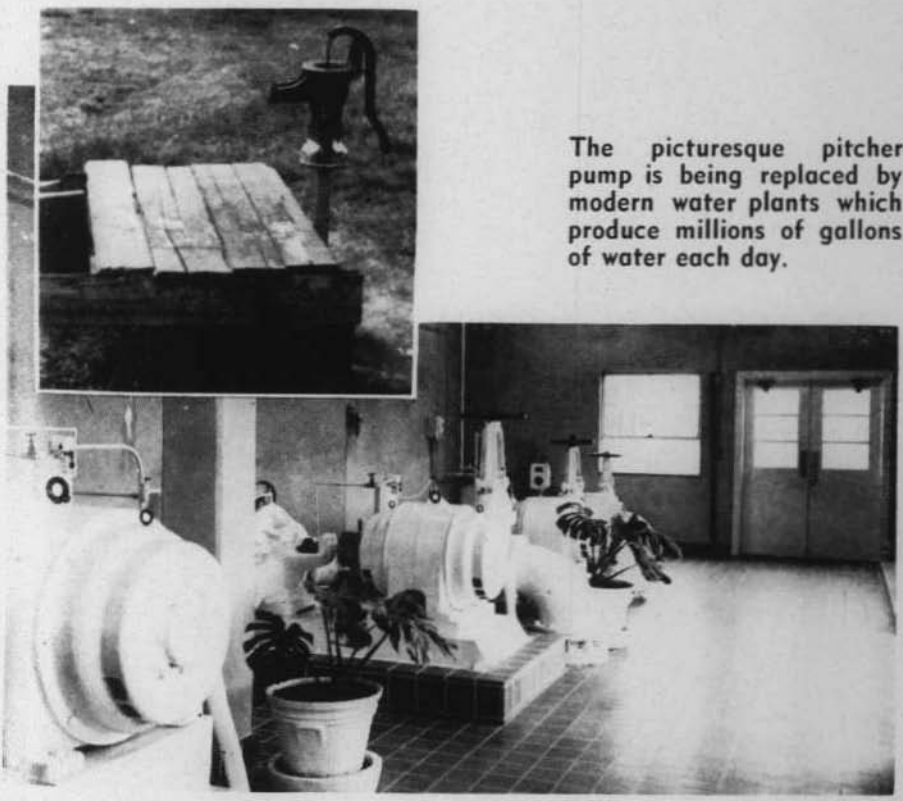
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local conditions, and each community will have to take a systematic approach to find the answers to environmental health problems.

The two-week course is only the first part of a program on urban planning in Florida. A one-week course was held in Brevard County in November and tentative plans are under way for three more courses in Sarasota, Fort Lauderdale and Pensacola in 1966. The overall objectives are to train people in urban planning and create a community-wide awareness for the need for this kind of program.

WATER

Water is one of the necessities for man's survival. In the past and during the present, cities and nations have either flourished or died because of the availability or lack of water. In the late 19th Century, Gainesville built its first municipal water plant when water was taken from a spring. No treatment was involved, and a limited distribution system served the town. In 1913 this plan was abandoned in favor of a deep well supplying water to a 150,000-gallon elevated storage tank,



The picturesque pitcher pump is being replaced by modern water plants which produce millions of gallons of water each day.

and in 1927 an additional well was drilled and new pumping system built for the distribution system.

When the University of Florida was seeking a permanent home in 1904, Gainesville made an offer of free water. This free service continues today. The university uses 531,000,000 gallons a year, which annually costs the city $70,000.

In 1945, tests indicated that effluent from a sewage treatment plant on the university campus was finding its way underground through sinkholes into the city water supply. The first complete water treatment plant was built to combat this serious condition. Over the years, five additional deep wells were drilled; a million-gallon elevated storage tank, a 500,000-gallon ground storage reservoir and a new pumping station were added. Treatment by aeration, coagulation, softening, stabilization, filtration and chlorination was started.

Principles

A small number of community water utilities is preferable to a multiplicity of uncoordinated systems. A large number of small water companies or municipal departments is often the result of a lack of coordinated policy for community water sources. A master plan, which shows future needs and facilities in relation to the area's growth and water resources is necessary for effective planning. Regulations calling for mandatory connection to public water supplies, where available, allow a better system for planning and financing.

Gainesville has a vast underground formation of porous limestone which receives and stores large quantities of rainfall. Surface water and sewage effluent sometimes flow into the water-bearing formation supplying the city well fields. As the city grows, there is need to develop new well fields away from the sources of pollution and where quality will be better.

A public water supply is defined as one serving more than 25 persons. There are several hundred such supplies in Gainesville serving motels, restaurants and service stations. There are also 13 water sup-



This modern sewage plant, with a capacity of five million gallons, provides secondary treatment through high rate trickling filters.

plies which serve major living areas, and there are no cross connections with the Gainesville municipal water supply.

Recommendations

1. Strengthen the city water distribution system according to engineering reports.
2. Make sure water revenues are adequate to operate and maintain the system and provide reserves for expansion.
3. Adopt policies to assure water supply in urban areas not served by municipal water systems.
4. Modify policies to discourage development of private water supply facilities adjacent to existing city systems.
5. Permits for the construction of private wells to be obtained from the County Health Department.
6. Make a study to locate new water well fields.

SEWERAGE

An adequate sanitary sewerage system is essential in all urban areas to maintain a high standard of public health. Twenty years ago the City of Gainesville was operating service to clean privies within three

blocks of City Hall and the Court House. Since then a municipal sewerage system, with two high rate trickling filters having a capacity of five million gallons per day, has been put into operation.

By 1950 only approved sanitary pit privies, septic tanks and a municipal sewerage system with primary treatment were used within the corporate limits. After that a secondary treatment plant with two high rate trickling filters, having a capacity of five million gallons per day, was installed and the primary treatment plant was abandoned.

Because of several state institutions located in the city, Gainesville has to provide sewerage for only 87.4 per cent of its area. At the present time, 63.2 per cent of this area is adequately served. Many septic tanks are being used where sanitary sewers are available. Because of the collection of industrial waste with high BOD (biochemical oxygen demand) and waste material (lime) from the city water plant, the sewage treatment plant is overloaded.

Principles

A number of small sewage treatment plants indicates a lack of coordinated area planning, and the construction of many small plants, each designed to serve only its immediate area, is less desirable and often more expensive than a few large plants. A master plan, showing future needs and facilities, is necessary in attacking the problem of urban growth. Along with the master plan, a capital budget is needed in which expenditures are allocated for periods of future growth.

The University of Florida's waste water goes through several types of treatment, and the effluent is treated further in a series of polishing ponds and a lake before being discharged into drainage wells. The Sunland Training Center operates a high rate trickling filter disposal facility which has caused no problems. A primary treatment plant and sand filter take care of two industrial plants in the airport area.

A private utility was created to provide water and sewage treatment service in fringe areas of the city which could not be supplied by the city government.

Recommendations

1. City and county develop a master plan for collection, treatment and disposal of sewage.
2. Conduct study of possible contamination of underground water by discharged waste water.
3. Consider expansion of treatment plant to take care of extended sewer lines.
4. Consider taking over all public sewage treatment facilities with the exception of the University of Florida.
5. Take action to see that locations not connected to sanitary sewerage systems comply with city and state regulations.

REFUSE

It is estimated that the 60,000 persons living in Gainesville and surrounding areas generate about 150 tons of garbage, household, commercial and industrial waste a day.

Within the city, refuse collection service is operated by the Refuse Division of the Public Works Department. All households have two pickups weekly and one pickup of rubbish. For this service, the resident of each house is charged $1.50 a month. Commercial establishments are served on an individual basis with charges based on the volume col-



Refuse is covered every day in a properly operated sanitary landfill.

lected. The refuse is placed in a landfill used for the disposal of household and commercial refuse. A dump for combustible refuse is operated near an industrial zone and a subdivision of higher priced homes. The constant burning is annoying to residents of the area. Another dump for noncombustibles is also operated by the city.

A private collecting firm provides residential services outside the city limits and uses most of the same disposal facilities as the city. Some suburban residents use their own disposal method, such as burning, burying or employing public disposal areas.

The refuse service at the University of Florida is under the direction of the superintendent of the Grounds Department. Collections are conducted six days a week; three pickups a week are provided for residential and office areas; and daily pickups are made at food service, and Medical Center and at the incinerator for ashes. A 10-ton incinerator and open dump on campus have been abandoned because of construction. A "sanitary landfill" site has been acquired, but this may be filled in three years. The university is considering the acquisition of two abandoned limerock pits for heavy noncombustibles and a transfer station is being built because of the distance involved.

Principles

A government-regulated system of refuse collection is preferable to the practice of competitive haulers dealing directly with the homeowner. A master plan, based on engineering analysis, is vital to a growing community. Sites for disposal facilities should be designated and acquired to avoid future expensive acquisitions. There must be close coordination of the refuse collection and disposal service. Because of health hazards, open dumps are not acceptable but other disposal methods, such as sanitary landfills and incinerators, are satisfactory when properly designed, located and operated.

Refuse from the kitchens and residences of Sunland Training Center is used on a pig farm operated by the State Department of Corrections, and other trash is burned at an open dump near the Center. When this dump is filled, a borrow pit will be used for refuse disposal.

Although Gainesville voters have passed a bond issue to purchase

This open dump is one way to dispose of refuse but the burning of combustible wastes contributes to the air pollution problem.



future landfill sites, residents near the proposed sites have objected and attempts to buy the land have been unsuccessful. An alternative is the construction of a composting plant with the cooperation of the Federal Government.

Recommendations

1. Develop and implement master plan for collection and disposal of all refuse.
2. Consider the establishment of a composting plant.
3. Plan and conduct all sanitary landfills according to the State Sanitary Code.
4. Conduct survey of land considered for sanitary landfills.
5. Discourage the building and use of on-site incinerators, with the exception of pathological units.

IR POLLUTION

The climate of Gainesville is affected by the extensive land mass to e north and the nearness of the Atlantic Ocean and Gulf of Mexico.

Maximum temperatures range about 90 degrees Fahrenheit during the summer and 60 to 70 degrees in the winter although freezing night time temperatures occasionally occur between December and March. Prevailing winds are usually from the north in fall and winter and from the south in summer.

Although Gainesville is not heavily industralized, air pollution comes from many different sources, but these are lumped into two main categories—transportation and stationary. The most extensive source of transportation pollution is from road vehicles while lesser pollution comes from railroad and thermal fogging operations.

Industrial sources, wood treatment plants and the city power generating plant contribute the greatest amount of particulate matter and gaseous wastes. Open burning dumps contribute a great amount of particulate air pollution. The several incinerators in the city and at the University of Florida are not a major source of air pollution, but their emissions are a matter of concern. Open burning of scrapped cars and dust from concrete batching plants are definite stationary sources of air pollution.

Air pollution is certain to increase over the next 20 years and industries will present a major source of existing particulate problems. Gaso-



Refuse near homes furnishes hiding places for rodents.

Principles

Prevention is the keynote of air pollution control. The main preventive tool is the review and approval of plans for new installations and for major alterations of existing ones. A second control is the authority to enforce regulations pertaining to the nature and quantity of emissions. A short-term air pollution sampling study can be useful in evaluating the problem in any community. This study should be followed by a long-term continuing surveillance using different air pollution measurements which may be pertinent to the problems of the area.

line-powered vehicles (primarily automobiles) emit 86 per cent of the total air pollution, a point which is often ignored.

The Board of County Commissioners is empowered to adopt rules and regulations to control air pollution and to provide enforcement.

Recommendations

1. Discontinue all trash dump burning.
2. Continue sampling of air at industrial sites.
3. Develop long-range air pollution abatement programs.
4. Provide adequate zoning for new industries where regulations are sufficient.
5. Develop an air pollution prevention and control program within the Alachua County Health Department.
6. Expand State Board of Health study to include environmental air data.

HOUSING

The individual is directly affected by the condition of the house in which he lives. In Gainesville proper, 78.7 per cent of the occupied housing units are structurally sound; 15.2 per cent are deteriorating; 6.1 per cent, dilapidated; and 19 per cent lack plumbing or are dilapidated. The areas of substandard housing require a disproportionate



Unsanitary privies, such as these, produce flies.

expenditure of Gainesville's tax money. As an example of how these areas require more revenue, the Gainesville Fire Department made 52 calls to a downtown area composed of substandard housing during one six-month period where residential fires were attributed largely to burning appliances and antiquated wiring. In contrast, only three fire calls were made during the same period to a section containing low-income, improved homes.

Since Gainesville is a university community, there has never been enough on-campus housing to accommodate all students, particularly married students with families. Apartments and dwelling units to accommodate students have developed throughout the community with little regard for proximity to the campus. It has been easy to get a single-family dwelling rezoned to multiple residences; and because of

Principles

The only way to prevent slums is to have a complete coverage of regulations and programs to control both new and existing dwellings. Anything less leaves a loophole for the development of slums. Housing, building, plumbing and heating, electrical and zoning codes are all essential. Good housing in a good neighborhood is not enough to achieve permanent slum prevention. Programs should be developed to create neighborhood organizations dedicated to housing improvement and maintenance.

increased rental of student on-campus housing and new units, students sometimes seek cheaper housing in substandard units.

While there appears to be a trend toward cooperation among planners, university and government officials and civic groups in seeking solutions to the housing problems, blighted areas continue to drain off a share of the revenue far in excess of their tax contribution. There appears to be a continuing shortage of low-rent housing. The ease with which single-family units are being converted into multiple units could create more substandard neighborhoods.

Recommendations

1. Minimum housing and building codes should be periodically reviewed and revised as needed.
2. Inaugurate a long-range housing plan to achieve total area planning.
3. Initiate an educational program for housing and neighborhood development.
4. Devise methods of tabulating and recording home-related injuries and accidents.
5. Institute redevelopment process for low-income and off-campus student housing.

ENVIRONMENTAL SANITATION

The Alachua County Health Department is responsible for the enviromental sanitation program for the county, including metropolitan Gainesville. The program is carried on by a director, six full-time sanitarians and one part-time sanitarian. The county is divided into five geographical areas comprising about equal population districts. Specialty programs, such as subdivision analysis and food processing, are assigned to an experienced man who may work in several districts.

Local legislation provides authorization for programs in child care centers, air and water pollution, animal control, milk production and sale, and food and meat. Mass subdivisions are being developed outside the Gainesville city limits without proper control, particularly in water supply and sewage disposal facilities. In anticipation of this in-

crease, the director of the Enviromental Health Section has prepared a seven-year plan to cover staff expansion. This calls for the addition of a sanitarian every two years until 1970 at which time a total of

Principles

All parts of the community should be served by a local health department with at least one sanitary engineer or sanitarian for every 15,000 persons in the areas. New responsibilities, such as radiological health, or other special emphasis may result in different local needs for staffing. Programs carried on should cover all phases of environmental health.

10 sanitarians will be required. Within the next five to seven years, the services of a sanitary engineer will be needed, even though the regional sanitary engineer of the State Board of Health is available.

Recommendations

1. Continuously evaluate enviromental health programs.
2. Obtain legislation for control of subdivision development.
3. Continue recruitment of qualified personnel.
4. If present expansion continues, consider the addition of a sanitary engineer to the health department staff.
5. Revise city and county laws concerning enviromental health as needed.

VECTOR CONTROL

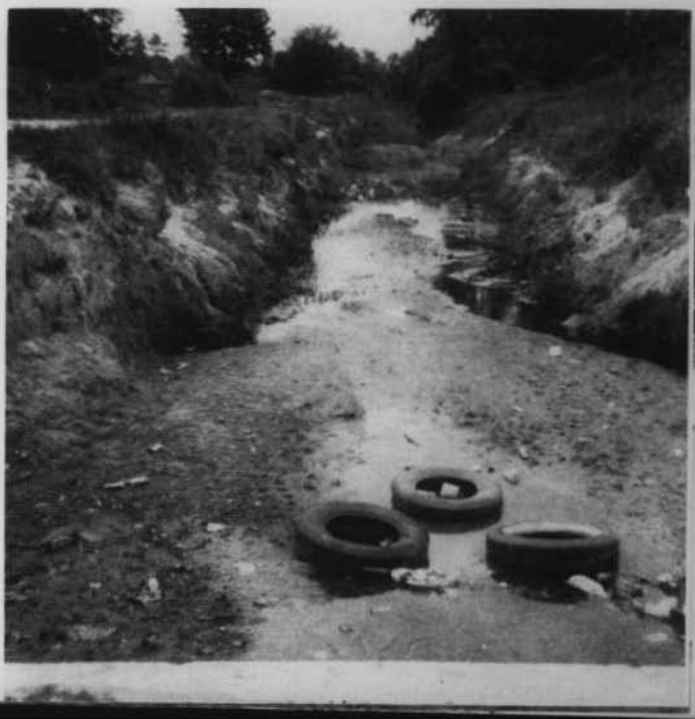
A successful vector control program is one of the most important elements of enviromental health. An ideal control situation would confine disease-carrying pests like mosquitoes, flies and rodents to such a low level that they would not endanger the health of the community. In this endeavor it is necessary to have the cooperation of all elements of the community, municipal and county governments, as well as business and residents. While the underlying reason for vector control has been disease control, ever-increasing demands of the public have had to include the area of enviromental nuisance control.

It is necessary to have a well-informed and cooperative citizenry and government in order to have an effective program. Gainesville's vector problems are growing with such factors as population and industrial expansion, suburban living, community and industrial problems, solid and liquid wastes, livestock feeding and holding areas and development of the transportation system.

Principles

Vector control has in the past been an individual's responsibility, but mounting costs and problems have increased government participation. This collaboration has brought about control through statutory provisions relating to communicable diseases and public nuisances. A long-range approach is needed, one which depends upon preventive environmental planning and natural methods of control to keep the vector population at a nonhazardous and tolerable level.

Vector control rests with the Alachua County Mosquito Control District and the Alachua County Health Department. The present mosquito control program carries on adulticiding and drainage, but there is very little larviciding done. The fly problem is mostly man-made. The survey found that county, city and university rubbish and garbage dumps are poorly maintained and operated. Improper garbage storage



An inadequately managed drainage ditch can be a breeding place for mosquitoes.

was observed in the poor housing areas of the city. The commercial pest control operators keep rodents under control, but there are reported cases of rat bites among inhabitants of substandard housing. The existing conditions of open dumps may result in an increase in the rat population which could be accompanied by an outbreak of rodent-borne diseases.

Recommendations

1. Enlarge present inspection programs to eliminate all mosquito-breeding places.
2. Enlarge public information program concerning mosquitoes and possible control measures.
3. Expand adulticiding and larviciding programs.
4. Expand and improve drainage ditching program.
5. Eliminate existing open dump; clean up vacant lots.
6. Increase county and city budgets to take care of temporary long-range mosquito problems.
7. Enforce housing codes to eliminate privies.
8. Enforce State Sanitary Code as relating to garbage collection, storage and disposal.
9. Make survey of the fly problem.
10. Implement survey to determine extent of rodent population and control measures needed.
11. Plan for intensive flea and rodent control on existing dumps.
12. Continue close liaison with commercial pest control operators.

RADIOLOGICAL HEALTH

The development of nuclear energy has helped in the exploration of space, in relieving drudgery of people throughout the world, in conquering diseases and in lengthening the life span of man. But the same source that offers untold benefits also offers total destruction. The increased utilization of ionizing radiation in medicine, industry and research makes it necessary that governmental agencies provide control programs.

While the general public may be exposed to radiation from such sources as natural background, medical uses of radionuclides, nuclear reactor operations and weapon testing, the greatest exposure is from medical and dental X rays.

The greater Gainesville area has a Civil Defense program through which radiological monitoring kits have been placed with such organizations as police, firemen, health department and schools. A radiological team handbook, developed by the State Board of Health, provides the handling of peacetime radiation emergencies.

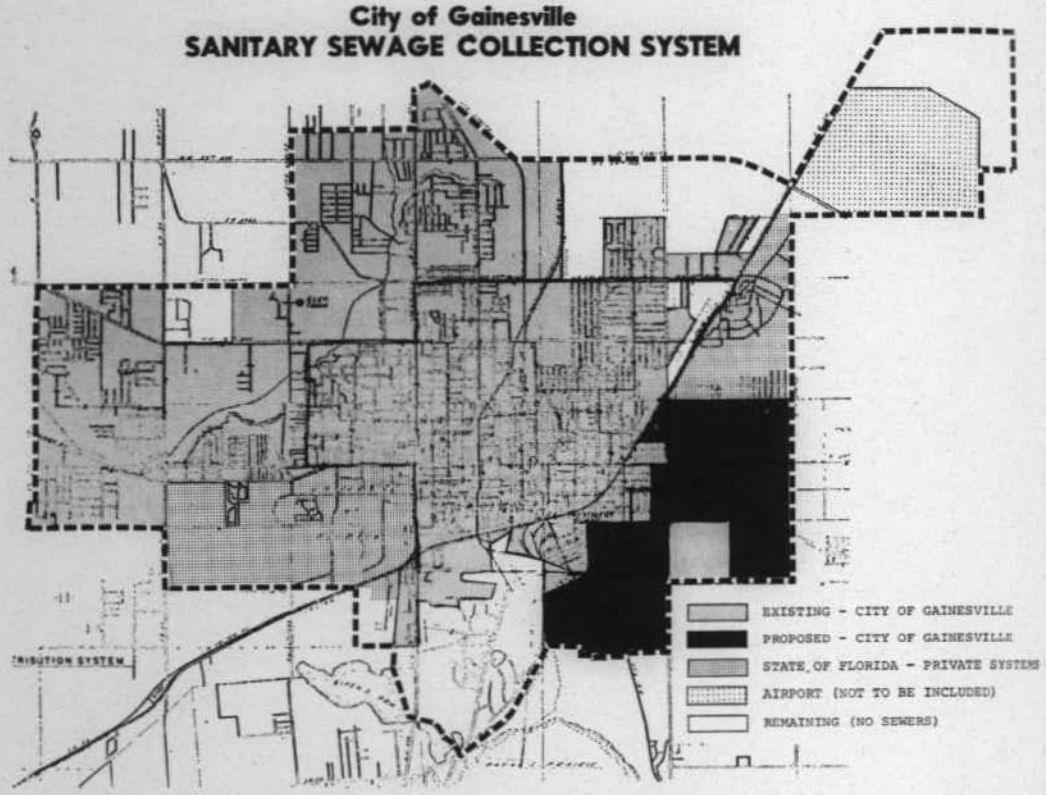
Principles

The basic health objectives are to recognize the essential uses of radiation and to reduce exposures wherever possible. There is constant need for local, state and federal health agencies to protect the public against unnecessary exposure by continuing surveillance, storage and planning for future use of radioactive material, by locating atomic reactors in proper areas, and by safely disposing of radioactive wastes.

Various programs involving the use of radioactive material on the university campus include a small nuclear reactor facility for research and training, radioactive isotopes used by the Medical Center and research experiments conducted by the agriculture department. Procedures for handling radioactive material include radiation safety instruments and equipment, laboratory surveying and monitoring, waste disposal of radioactive material, shielding of stored material and maximum permissible exposures.

Recommendations

1. Inform the public of radiation control programs.
2. Adopt plan for handling radiation accidents.
3. Coordinate radiological training and education among local governmental agencies.
4. Civil Defense should maintain a list of agencies which will assist in cases of radiological accidents.



This map illustrates the type of work produced by the students of the environmental health survey course. The area marked for a proposed sewerage system is an example of the planning aspect of environmental health.

5. Maintain program for locating, inspecting and evaluating procedures of users of radiation.

PLANNING

The course of an area's development and growth must be guided by a plan which clearly shows the route the community hopes to follow. In 1931, Gainesville's planning activities started with a Citizen Plan Board. A Master Plan was developed in 1950 by the Plan Board and a

planning consultant. This was revised in 1958 and again in 1961 to accommodate the annexation a year later of 18 square miles.

Alachua County established a zoning board and adopted zoning regulations when legislation authorized such action. Since then a land use plan, a major road plan and a revised zoning ordinance and map for Alachua County Districts have been prepared.

The growing pains of the city are more acute than those of the county, because the city has increased from 5.5 square miles to 24 square miles during the past 25 years and its population has grown from 13,800 to 54,800 during the same period.

A comprehensive planning program developed for the city should include such things as an economic base and population survey, future use plan, zoning regulations and subdivision regulations. The voters of Gainesville passed a capital improvemnt bond issue in 1964. Half of these funds will be used for downtown betterment, including a new City Hall, library, off-street parking and thoroughfare improvement.

Principles

Any growing community should be actively engaged in planning for the future, including the preparation of a comprehensive plan. Public health activities can often be benefited by determining future needs and developing methods of anticipating and meeting these needs. Many of the techniques used by planning agencies can be used by health agencies. Needed in planning are subdivision and zoning regulations, community facilities plan and land use and flood control plans.

There appears to be a lack of coordination between the city and county on planning problems; portions of the downtown area have a rundown appearance; drainage and flood problems exist during prolonged rainy spells; and the City Charter does not clearly define the function and responsibilities of the Planning Board. There is no planning board jurisdiction outside the city limits and only partial phases of comprehensive plans exist for the city or county.

Recommendations

1. Seek to establish responsibilities of the Planning Board in the City Charter.
2. Seek establishment of a county planning board.
3. Seek ways to continue coordinating efforts of City Planning Department and County Planning and Zoning Board until county planning board can be formed.
4. Complete comprehensive city-county plan.
5. Expand "Operation Facelift."
6. Acquire property for recreational and park use.
7. Encourage central sewerage system.
8. Prepare surface drainage and flood protection plans.
9. Fill vacancies in the City Planning Department.

IMPLEMENTATION

Where will Gainesville be in five, 10, 15 or 20 years from now? (This question could apply to every community in Florida.) When considering the nature and magnitude of the problems, the necessity of broad guidelines in planning for environmental health emerges. There is a need for the citizens' recognition of the problems and their commitment to make the community a healthy, pleasant and sound place to live. The commitment of the citizens to the program is essential for its success. To this end an effective public education program is important and should be planned and carried out as a part of the planning for environmental health. The objectives should be clearly defined and generally understood by the public and accepted by those groups which are stimulated or formed by the action of urban planning for environmental health.

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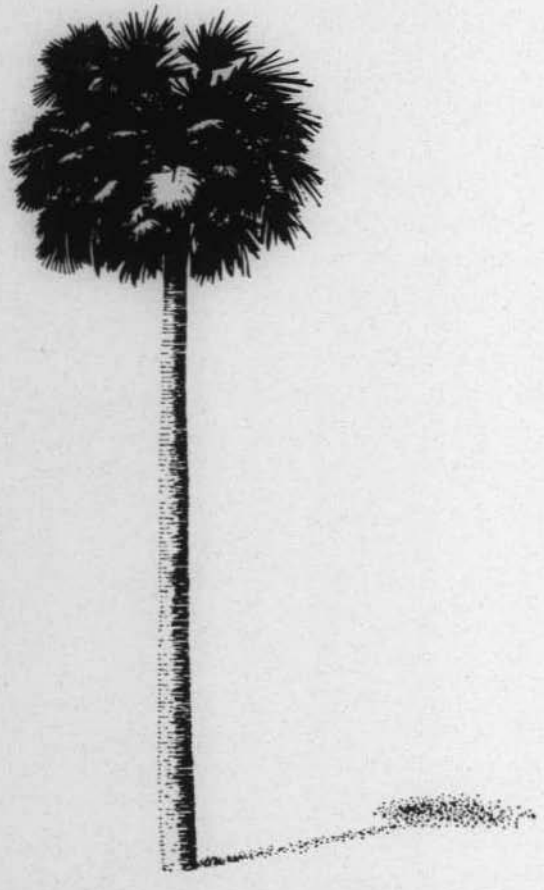
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